Report On Health Conditions In The Northwest Territories

Regional Director Medical Services N.W.T. Region
National Health and Welfare, Canada

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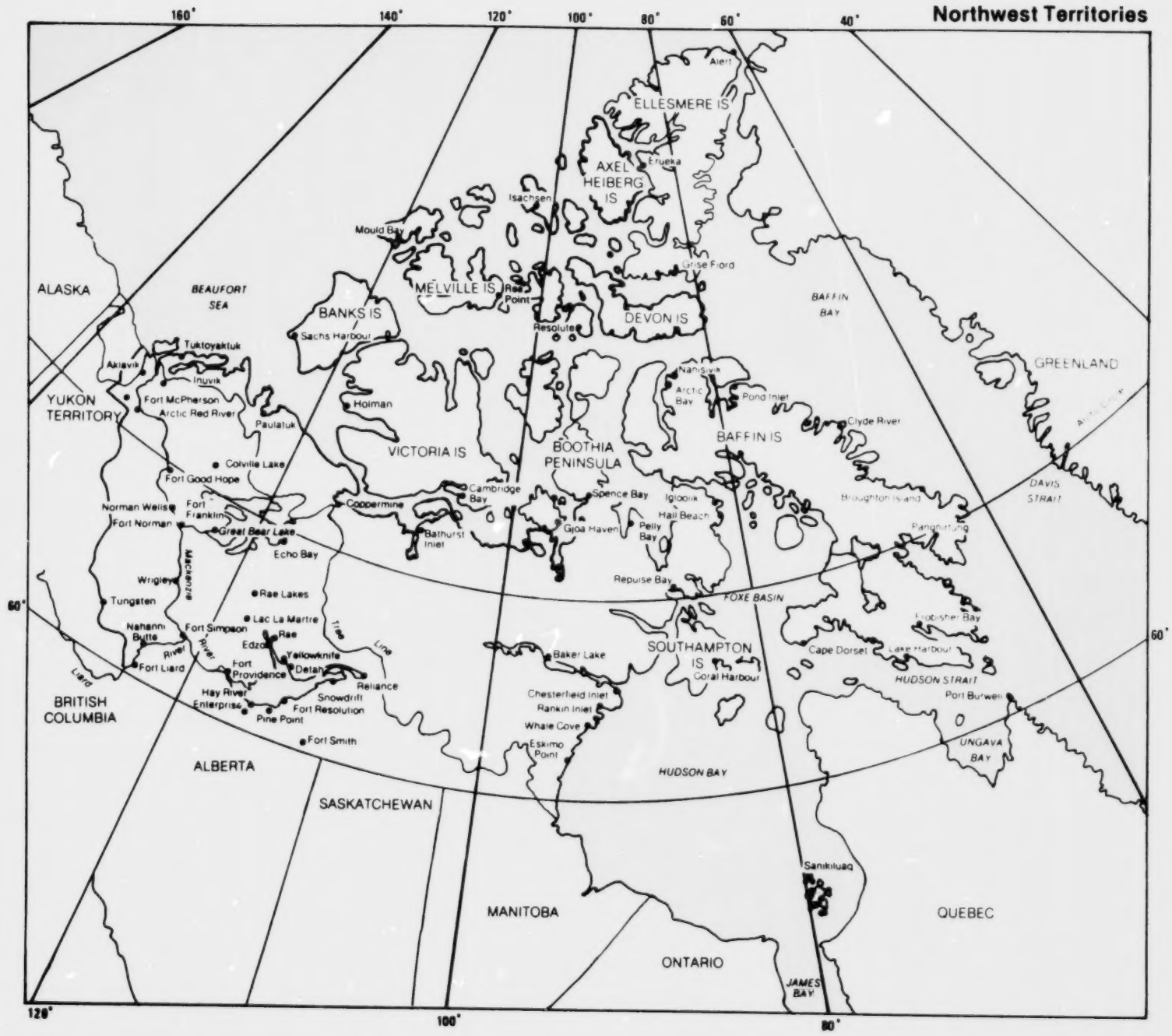
Northwest Territories
160°
140°
120°
100°
80°
60°
40°
ELLESMERE IS
Alert
Eureka
AXEL HEIBERG IS
Isachsen
Mould Bay
MELVILLE IS
Cape Point
Grise Fiord
DEVON IS
Resolute
BAFFIN BAY
BANKS IS
Sachs Harbour
ALASKA
BEAUFORT SEA
Tuktoyaktuk
Aklavik
Inuvik
YUKON TERRITORY
Fort McPherson
Arctic Red River
Holman
Paulatuk
VICTORIA IS
BOOTHIA PENINSULA
Nanisivik
Arctic Bay
Pond Inlet
BAFFIN IS
GREENLAND
Clyde River
Colville Lake
Fort Good Hope
Norman Wells
Fort Norman
Fort Franklin
Great Bear Lake
Echo Bay
Coppermine
Cambridge Bay
Bathurst Inlet
Spence Bay
Gjoa Haven
Igloolik
Hall Beach
Pelly Bay
Broughton Island
Pangnirtung
DAVIS STRAIT
Repulse Bay
FOXE BASIN
Mackenzie
Wrigley
Tungsten
Rae Lakes
Lac La Martre
Nahanni Butte
Fort Simpson
Rae
Edzo
Yellowknife
Fort Liard
Fort Providence
Detah
Hay River
Enterprise
Snowdrift
Fort Resolution
Pine Point
Fort Smith
Liard River
Trout Lake
Reliance
BRITISH COLUMBIA
ALBERTA
SASKATCHEWAN
Baker Lake
SOUTHAMPTON IS
Coral Harbour
Cape Dorset
Lake Harbour
Frobisher Bay
HUDSON STRAIT
Port Burwell
Chesterfield Inlet
Rankin Inlet
Whale Cove
Eskimo Point
HUDSON BAY
UNGAVA BAY
Sanikiluaq
MANITOBA
ONTARIO
QUEBEC
JAMES BAY
60°
120°
100°
80°

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INTRODUCTION

Northern Health Services, commonly known as Medical Services Branch, N.W.T. Region operates a public health program for all residents of the Northwest Territories, including maternal and child health clinics, adult health, communicable disease control, water and sanitation inspection, home visiting, screening, health education and immunization programs. In addition, treatment services are provided to all residents as required.

Currently, the responsibility for health care is shared with the Government of the Northwest Territories and the Federal Department of Health & Welfare Canada. The Department of Health, Government of the Northwest Territories is responsible for four hospitals; Stanton Yellowknife Hospital, Hay River Hospital, Fort Smith Health Centre and Baffin Regional Hospital.

In addition, the Government of the Northwest Territories manages the hospital insurance and health care plans and supplementary health care benefits, including a pharmacare program for residents 65 years of age and over.

As well, the Government of the Northwest Territories legislates ordinances which control health activities in the N.W.T.

Medical Services Branch, N.W.T. Region operates the Inuvik General Hospital, a cottage hospital at Fort Simpson and until recently a cottage hospital at Edzo. Negotiations are underway to redefine the role and operation of the Rae Edzo Hospital to that of a community based health facility. In addition there are 42 nursing stations, 7 health centres

and a number of patient services.

Nursing Stations are located in settlements with populations of 150 - 1,000 people. The number of nurses at a nursing station is based upon the population served and the particular needs of the community. As a general rule, the number will vary from one to four. The general design of a nursing station provides for: (a) treatment area; (b) inpatient acute care beds for adults, children and infants requiring treatment of minor or uncomplicated illness; (c) public health area; (d) basic laboratory facilities, including x-ray; (e) office space; and in some cases; (f) living quarters for nurses.

The nurse practitioner in the nursing station is recognized as the primary provider of medical services at the community level. Many of these nurses have taken additional training beyond their basic Registered Nursing in such areas as public health or midwifery and have gained special expertise in diagnosis and treatment.

The Nurse In Charge attached to the nursing station is responsible for the supervision of several programs and arranges for the provision of services that these programs entail.

All nursing stations are visited on a regular basis by physicians operating out of base hospitals located in major centres within the Region. Specialist services are provided either from Yellowknife or through southern based universities (McGill University in Montreal, the University of Manitoba in Winnipeg and the University of Alberta in Edmonton). Under special arrangements with these universities, teaching programs are available such as rotating family practice residents.

Where possible, patient services are provided within the local community. When treatment cannot be provided in the individual's home community, arrangements are made for a transfer of the client to a centre where these services are available. Medical Services Branch provides this service at no cost to native clients. Subsidized medical travel is provided through the Government of the Northwest Territories Department of Health for non-native residents.

Dental services to communities are provided by private practitioners, government dentists and dental therapists. The dental therapist works alone in the communities, using treatment prescriptions provided for them by supervising dentists. These services are directed mainly at the school-age population.

RELATIONSHIP WITH THE GOVERNMENT OF THE NORTHWEST TERRITORIES DEPARTMENT OF HEALTH

Health care objectives of the Northwest Territories are fulfilled through the cooperative efforts of Medical Services Branch and the Department of Health.

The relationship between the Government of the Northwest Territories' Departments of Health and Social Services and Medical Services Branch, Department of National Health and Welfare Canada, N.W.T. Region, is formalized through a Health Coordinating Committee. The purpose of this committee is to provide guidelines to enhance the cooperative effort in fulfilling the health care objectives of the Northwest Territories. The Health Coordinating Committee meets on a monthly basis throughout the year.

HIGHLIGHTS OF EVENTS: 1985

The following outlines the highlights of events occurring in the Region and Zones:

Region

The transfer of health services in the Baffin Zone has resulted in ongoing liaison with the Government of the Northwest Territories and native organizations. A Special Projects Officer was taken on strength to facilitate the administration of transfer processes.

Regional Office relocated to a new site in Yellowknife resulting in minimal disruption of service.

The Honourable Jake Epp visited the Regional Office, Mackenzie Zone Office and various settlements. Although the purpose of the visit was to preside over the official opening of the construction of the new Stanton Yellowknife Hospital, he did find the time to meet with both Government of the Northwest Territories counterparts and various native organizations.

Two Zone Directors' Conferences were held in 1985. These conferences provide a mechanism for Regional and Zone Managers to discuss, evaluate and plan the operations and administration of the various Medical Services Programs.

A Health Careers Coordinator was brought on strength to encourage and support native educational advancement leading to careers in the health field.

Inuvik

A new Zone Director was brought on strength in August 1985.

The transfer of the Inuvik General Hospital Chronic Care Ward to the Government of the Northwest Territories was finalized in late 1985 and is now fully operational.

The Inuvik Regional Hospital Advisory Board is comprised of sixteen board members of Indian, Inuit, Metis and other status persons with representation from each community. The Board meets on a quarterly basis with the primary focus being Inuvik Regional Health matters.

The institution of a contractual arrangement with a local native entrepreneur for the provision of transient accommodation services to the Inuvik status clientele provides a required service.

A three day Health Conference, funded by a contribution agreement to the Committee for Original Peoples' Entitlement (C.O.P.E.), was held with representation from all Inuvik communities and Holman Island.

Mackenzie

A final decision was made by Management to close the Edzo Cottage Hospital and operate a Nursing Station operation out of the existing building until such time as a new facility is built by means of a capital contribution agreement with the community of Fort Rae. A role study has been completed and discussions are taking place with the community on the design and timing of the new health facility. The official date of the closure is set for April 1, 1986.

Negotiations are underway between the Government of the Northwest Territories' Department of Health, the community of Pine Point, the Hay River Hospital and Health and Welfare Canada, to transfer responsibility for Pine Point health services to a local service funded by the Government of the Northwest Territories. The expected date of completion is April 1, 1986.

Inservice programs included a Holistic Health Conference and an interpretor's workshop; both were attended by nurses and lay dispensers.

A Zone Nursing Conference was held during the year.

Preventive programs such as Mental Health and Alcohol and Drug Abuse will continue to be delivered in the traditional manner.

Baffin

The transfer of field and administrative operations to the Government of the Northwest Territories, Phase II, is underway with Zone Administration continuing to work closely with the Baffin Regional Hospital Board of Management. This transfer of health services is scheduled for September 1, 1986.

Throughout 1985 the Mental Health program has focused on workshops for local groups, health promotion and community support and guidance.

Keewatin

Inservice programs throughout 1985 included C.P.R. and First Aid training given by St. John Ambulance instructors, an Arctic Survival and Arctic Lifestyles course, and a Fire Alarm Maintenance workshop.

Dental therapists and Janitors attended workshops in their respective fields.

Community Health Representatives have placed emphasis on the development and support of health committees and needs of the elders.

BAFFIN TRANSFER

Early in 1985 negotiations began with the Government of the Northwest Territories for the Phase Two transfer of responsibility for community health services in the Baffin Zone. As part of Phase Two the Federal Government will contract with the Government of the Northwest Territories to provide non-insured services to the Inuit and status Indian residents of Baffin Zone.

Negotiations have progressed successfully and the transfer is to be taking place the 30th of August, 1986.

ADMINISTRATION

The Regional Administration Directorate, through a complement of 16 staff members, provides services to the region in general administration, property management and contracts. Each area has a section head and support staff who are all located in the Regional Office. The Assistant Regional Director of Administration has overall responsibility for the directorate.

The administration section is primarily responsible for office services which includes central records, reception communications, relocation and word processing. The section is also the regional landlord of all leased commercial accommodation. Materiel management services are provided by this section for the Regional Office and specific responsibilities such as fleet management and equipment in our inventories are part of materiel management.

During 1985 the responsibility for purchasing for the Mackenzie Zone was transferred from Mackenzie Zone to Regional Office.

The Contracts section is responsible for actioning all requests for contracts/contributions in the Region. The contracts receive final approval in the Region, Branch and/or Treasury Board, depending on the scope and type of the contract. Approximately one hundred and fifty contracts/conributions are processed per year totalling in excess of ten million dollars.

It is the responsibility of the Regional Administration Directorate to provide advice to Zone and Program Managers in all aspects of Administration. They are also responsible for the distribution of Regional Directives to the Field and the Regional Program Managers.

PERSONNEL SERVICES

Challenge was the main theme for the Personnel Services Section during 1985. Not only did the requirement for personnel services by Managers increase significantly, but there was also a significant lack of staff in the section to provide the service. This was attributable to the section's attrition rate of eighty percent (80%) during 1985. Nonetheless, an effective and proactive personnel service was delivered to management by all the personnel disciplines.

Following are some noteworthy personnel events:

1. All regional senior management positions were finally staffed in 1985, thereby establishing a higher degree of organizational stability.
2. Some key senior regional positions were staffed with Native people such as the Associate Hospital Administrator in Inuvik and the Regional Personnel Advisor.
3. Some key workforce adjustment activity was planned during 1985, such as the anticipated closure of the Edzo Cottage Hospital, planned construction of a health facility in Rae, and the negotiation of Phase II of the Baffin Zone transfer to the Government of the Northwest Territories.

In terms of general statistics, the highlights are:

1. Human Resources Planning - Staff turnover of indeterminate employees was at 25% during 1985. Performance review and employee appraisal completion rate was at 53% for Regional Headquarters and the Zones. In terms of affirmative action, 30% of the staff

identified themselves as being of Native ancestry and 47% of the staff in target groups (native, handicapped and women) were women. Given the numbers of women in target and non-target groups, the actual representation is around 80%.

2. Training and Development - The equivalent of 297 employees received training during the year which totalled 1,472 training days. Three employees are on education leave with pay and two are on education leave without pay.

3. Staffing - Staffing's total volume for term and indeterminate competitions was 1,054 actions; 408 were term actions and 646 were indeterminate staffing actions. This constitutes a 100 percent increase in workload over last years statistics. Of the 1,054 actions, 337 were staffed within the prime user inventory for nurses. The staffing section also actioned 195 acting pay situations and 6 acting appointments.

4. Classification - The number of positions processed by Classification was 471. As well, three audits and thirteen on-site reviews were conducted. Some major organizational redesign was also actioned.

5. Staff Relations - A total of 17 grievances were received by management in 1985. Staff Relations provided advice on 31 formal discipline cases.

6. Compensation - During 1985 the Pay Unit processed approximately 6,000 pay actions. A very heavy workload.

MAINTENANCE AND CONSTRUCTION PROGRAM

N.W.T. REGION

General Maintenance

During 1985 work continued on establishing a Joint Maintenance System in conjunction with other government departments. Until the system is in place the existing maintenance program will continue to function.

Maintenance in the Keewatin and Baffin Zones is being carried out by Medical Services' employees and supplemented semi-annually by Zone maintenance runs. The maintenance program in Mackenzie and Inuvik Zones is carried out solely by Medical Services' employees.

Capital Construction

The Capital Construction program for the N.W.T. Region was once again expanded in 1985. The program consisted of six major projects under construction with an additional thirty-four projects in various stages of progress. The project costs exceeded 8.8 million dollars for the year.

INUVIK ZONE

Aklavik

Minor deficiencies in the nursing station were cleared up this year. The station will remain on warranty until early in 1986. Minor condensation problems were eliminated.

Arctic Red River

Construction of the new Health Station was completed this year. Disposal of the old facility was completed.

Fort Norman

The nursing station is on warranty and will remain that way until 1986. Landscaping was started this year with some seasonal work to be completed in the summer of 1986.

Paulatuk

Construction of the new nursing station/residence started in 1985 with completion planned for early 1986. The old facility will be disposed of upon completion of the new facility.

Sachs Harbour

Construction of the new nursing station/residence was completed during 1985. The station will remain under warranty until 1986. The old facility was disposed of in 1985.

Tuktoyaktuk

Preliminary studies are being done on the facility to establish project requirements. Preliminary planning will continue into 1986.

MACKENZIE ZONE

Fort Resolution

Preliminary planning for an upgrading of the nursing station was started during 1985. Construction is scheduled for 1986.

Fort Wrigley

Minor deficiencies in the nursing station/residence were cleared up and the project will be complete early in 1986. Landscaping was completed during 1985. The old facility was disposed of during 1985.

Gjoa Haven

Due to budget cutbacks the renovation of the nursing station was deferred until 1986.

Holman Island

Preliminary planning for the replacement of the nursing station roof was started during 1985. Construction is scheduled for 1986.

Lac la Martre

Plans and specifications for the nursing station/residence were completed in 1985. Project was tendered and awarded in 1985, with construction to start early in 1986.

Snowdrift

Construction of the nursing station/residence was started during 1985 with completion scheduled for 1986. The old facility will be disposed of once the new facility is completed.

BAFFIN

Cape Dorset

Preliminary planning for the upgrading of the dental therapists' house was started in 1985. Construction is scheduled for 1986.

Hall Beach

Construction of the new nursing station/residence was started in 1985 with completion scheduled for early in 1986. The old facility will be disposed of once the new facility is completed.

Lake Harbour

Construction of the new nursing station/residence was completed in 1985. The old facility was disposed of in 1985. The new station will remain under warranty into 1986.

Pangnirtung

Construction of the residence was completed during 1985. The residence will remain under warranty until 1986. Renovation of the nursing station started in 1985 and will continue into 1986.

KEEWATIN ZONE

Baker Lake

Construction of the new nursing station/residence was completed in 1985. The facility is to remain under warranty until 1986. The old facility was disposed of in 1985.

Coral Harbour

Construction of the new nursing station/residence was completed in 1985. The station will remain on warranty until 1986. Disposal of the old station was completed in 1985.

Whale Cove

Preliminary plans and specifications for the new nursing station/residence were started in 1985. Tendering of the project and start of construction is scheduled for early 1986.

1984/85

MEDICAL SERVICES BRANCH

N.W.T. REGION

BUDGET

	Regional Headquarters	Mackenzie Zone	Inuvik Zone	Keewatin Zone	Baffin Zone	TOTAL
Person Years	58.32	129	157	53.2	71	468.52
Salary	2,020,486	4,790,107	5,625,029	1,637,321	2,909,990	16,982,933
NIS	306,000	5,012,000	3,002,000	3,845,000	3,986,000	16,151,000
O + M	3,270,402	2,182,000	3,253,198	1,276,500	1,490,900	11,473,000
Capital	9,741,475					9,741,475
Contributions	6,737,000					6,737,000
TOTAL	22,075,363	11,984,107	11,880,227	6,758,821	8,386,890	61,085,408

N.W.T. VITAL STATISTICS

The cut-off date for registration of 1985 vital statistics was February 15, 1986.

Total births and deaths for 1985 include events occurring outside the Northwest Territories where either the individual's or the Mother's usual residence was in the Northwest Territories. The totals also include 1984 vital statistics registered in 1985.

Events occurring in Territorial health centres and cottage hospitals were included in hospital totals, and all "Out of Province" events were included with hospital totals.

Unknown birthweights were recorded as being normal.

The ethnic status of all livebirths and stillbirths were coded according to the mothers' ethnic status.

BIRTHS

The numerical sequence of 1985 livebirth registrations in the Northwest Territories was 001-001 to 002-174, with the exception of numbers 001-086, 001-117, 001-132, 001-775, 001-794, 002-035, 002-063 which were deleted because the mother's usual residence was outside the Northwest Territories.

The numerical sequence of 1985 "Out of Province" livebirth registrations was 1985-001 to 1985-210. There were no deletions.

The numerical sequence of 1984 livebirths registered in 1985 was 002-138 to 002-171 for "In the Territories" births. The numerical sequence of 1984 livebirths registered in 1985 was 1984-232 to 1984-269 for "Out of Territories" births.

DEATHS

The numerical sequence of 1985 death registrations was 001-001 to 001-174, with the exception of numbers 001-034, 001-035, 001-52, 001-057, 001-065, 001-086, 001-093, 001-095, 001-117, and 001-128, which were deleted because the usual residence was outside the Northwest Territories.

The numerical sequence of "Out of Province" death registration was 1985-001 to 1985-034.

The numerical sequence of 1984 deaths registered in 1985 was 001-189 to 001-206, except 001-205, which was deleted because the usual residence was outside the Northwest Territories.

The numerical sequence of 1984 "Out of Province" deaths registered in 1985 was 1984-042 to 1984-051, except 1984-051, which was deleted because the usual residence was outside the Northwest Territories.

The numerical sequence of stillbirth registrations in 1985 was 001-001 to 001-008.

N.W.T. VITAL STATISTIC TRENDS

This report for 1985 contains a variety of tables which are designed to show trends in certain important demographic indicators, as well as causes of death by sex, age, ethnicity and location.

The 1985 livebirth rate of 28.4 represents a very slight decrease from the 1984 rate of 28.6. The Indian birth rate of 31.1 was higher than the 1984 rate of 28.8, and the Inuit rate of 35.6 was lower than the 1984 rate of 36.2. There were fewer low birth weight infants in 1985. The percentage of low birth weight infants reported in 1985 was lower for the Indian population and slightly higher for the Inuit population.

The stillbirth rate was 5.5 which is lower than the 1984 rate of 9.1.

The 1985 perinatal mortality rate of 7.6 represents a significant decrease compared to the 1984 rate of 14.7.

The 1985 neonatal death rate of 3.5 represents a decrease in the 1984 rate of 7.0.

The infant mortality rate in 1985 of 15.9 shows an increase from the 1984 rate of 14.7 although it is lower than the 1983 rate of 28.5.

The crude death rate of 4.4 is the same as the 1984 rate of 4.4.

The leading causes of death for the Northwest Territories were accidents, injuries and violence (35.7). Diseases of the Circulatory System ranked second (25.4) and neoplasms were the third leading cause of death (14.3).

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1985
(Territorial Regional Boundaries)

	TOTAL	INDIAN	INUIT	OTHER
NORTHWEST TERRITORIES	51,012	7,416	18,024	25,572
BAFFIN REGION	9,528	5	7,872	1,651
Arctic Bay	432	0	421	20
Broughton Island	410	0	398	12
Cape Dorset	837	0	792	45
Clyde River	510	0	500	10
Frobisher Bay	2,954	5	1,812	1,137
Grise Fiord	131	0	119	12
Hall Beach	415	0	405	10
Igloolik	788	0	751	37
Lake Harbour	285	0	264	21
Nanisivik	288	0	120	168
Pangnirtung	893	0	844	49
Pond Inlet	808	0	757	51
Resolute Bay	169	0	154	15
Sanikiluaq	426	0	411	15
Unorganized	182	0	133	49
KEEWATIN REGION	4,832	18	4,242	572
Baker Lake	1,003	6	887	110
Chesterfield Inlet	255	0	234	21
Coral Harbour	455	0	420	35
Eskimo Point	1,166	0	1,106	60
Rankin Inlet	1,315	12	1,002	301
Repulse Bay	402	0	390	12
Whale Cove	199	0	181	18
Unorganized	37	0	22	15
KITIKMEOT REGION	3,634	5	3,282	347
Bathurst Inlet	22	0	22	0
Bay Chimo	65	0	65	0
Cambridge Bay	902	5	731	166
Coppermine	887	0	823	64
Gjoa Haven	663	0	636	27
Holman Island	345	0	317	28
Pelly Bay	268	0	246	22
Spence Bay	452	0	417	35
Unorganized	30	0	25	5

PRELIMINARY N.W.T. POPULATION ESTIMATES
June 1985
(Territorial Regional Boundaries)

	TOTAL	INDIAN	INUIT	OTHER
INUVIK REGION	8,228	2,149	2,310	3,769
Aklavik	758	158	393	207
Arctic Red River	123	94	6	23
Colville Lake	57	57	0	0
Fort Franklin	589	373	0	216
Fort Good Hope	540	396	0	144
Fort McPherson	693	528	0	165
Fort Norman	299	215	0	84
Inuvik	3,166	265	788	2,113
Norman Wells	749	39	6	704
Paulatuk	200	0	190	10
Sachs Harbour	161	5	145	11
Tuktoyaktuk	882	19	776	87
Unorganized	11	0	6	5
FORT SMITH REGION	24,790	5,239	318	19,233
Detah	143	143	0	0
Enterprise	46	0	0	46
Fort Liard	397	321	0	76
Fort Providence	663	481	0	182
Fort Resolution	471	203	0	268
Fort Simpson	1,102	510	0	592
Fort Smith	2,468	343	68	2,057
Hay River	3,142	292	28	2,822
Jean Marie River	74	58	5	11
Kakisa Lake	36	36	0	0
Lac La Martre	317	306	0	11
Nahanni Butte	94	82	0	12
Paradise Gardens	48	5	0	43
Pine Point	1,759	70	12	1,677
Rae Lakes	207	88	0	119
Rae-Edzo	1,481	1,043	0	438
Reliance	15	5	0	10
Snare Lake	80	80	0	0
Snowdrift	270	244	0	26
Trout Lake	61	55	0	6
Tungsten	409	11	0	398
Wrigley	156	145	0	11
Yellowknife	11,077	667	194	10,216
Unorganized	274	51	11	212

REPORTED VITAL STATISTICS 1985

		INDIAN		INUIT		TOTAL INDIAN/ INUIT		OTHER		NORTHWEST TERRITORIES	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
POPULATION											
Preliminary N.W.T. Population Estimates	(a)	7,416	14.5	18,024	35.3	25,440	49.9	25,572	50.1	51,012	100.0
Total Births in N/S	(b)	6	2.6	60	9.3	66	7.5	1	0.2	67	4.6
Total biths in Hospital	(c)	228	97.4	579	89.9	807	91.9	576	99.7	1,383	95.0
Total births in other locations	(d)	0	0.0	5	0.8	5	0.6	1	0.2	6	0.4
Total births	(e)	234		644		878		578		1,456	
Total live births	(f)	231	31.1	642	35.6	873	34.3	575	22.5	1,448	28.4
Low birth weight infants	(g)	14	6.1	40	6.2	54	6.2	16	2.8	70	4.8
DEATHS											
Stillbirths	(h)	3	12.8	2	3.1	5	5.7	3	5.2	8	5.5
Perinatal	(i)	3	12.8	4	6.2	7	8.0	4	6.9	11	7.6
Neonatal	(j)	0	0.0	4	6.2	4	4.6	1	1.7	5	3.5
Post neonatal	(k)	2	8.7	14	21.8	16	18.3	2	3.5	18	12.4
Total infant	(l)	2	8.7	18	28.0	20	22.9	3	5.2	23	15.9
Maternal	(m)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(n)	59		88		147		54		201	
Total deaths	(o)	61	8.2	106	5.9	167	6.6	57	2.2	224	4.4
NATURAL INCREASE	I	170	22.9	536	29.7	706	27.8	518	20.3	1,224	24.0

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
i) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e).
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

I) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1{,}000$$

REPORTED VITAL STATISTICS 1985

		MACKENZIE		INUVIK		KEEWATIN		BAFFIN		NORTHWEST TERRITORIES	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
POPULATION											
Population served. Total Midyear Registered	(a)	28,424	55.7	8,228	16.1	4,832	9.5	9,528	18.7	51,012	100.0
Total Births in N/S	(b)	15	2.1	9	3.9	15	8.9	28	8.1	67	4.6
Total births in Hospital	(c)	699	97.6	218	95.6	153	91.1	313	91.0	1,383	95.0
Total births in other locations	(d)	2	0.3	1	0.4	0	0.0	3	0.9	6	0.4
Total births	(e)	716		228		168		344		1,456	
Total live births	(f)	711	25.0	226	27.5	168	34.8	343	36.0	1,448	28.4
Low birth weight infants	(g)	27	3.8	11	4.9	16	9.5	16	4.7	70	4.8
DEATHS											
Stillbirths	(h)	5	7.0	2	8.8	0	0.0	1	2.9	8	5.5
Perinatal	(i)	5	7.0	3	13.2	1	6.0	2	5.8	11	7.6
Neonatal	(j)	0	0.0	1	4.4	2	11.9	2	5.8	5	3.5
Post neonatal	(k)	3	4.2	3	13.3	2	11.9	10	29.2	18	12.4
Total infant	(l)	3	4.2	4	17.7	4	23.8	12	35.0	23	15.9
Maternal	(m)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other deaths	(n)	112		29		17		43		201	
Total deaths	(o)	115	4.0	33	4.0	21	4.3	55	5.8	224	4.4
NATURAL INCREASE	I	596	21.0	193	23.5	147	30.4	288	30.2	1,224	24.0

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
f) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e).
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

l) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1{,}000$$

NORTHWEST TERRITORIES VITAL STATISTICS - 1985

POPULATION:	INDIAN 7,416				INUIT 18,024				OTHER 25,572				TOTAL 51,012			
		1985	1984	1983		1985	1984	1983		1985	1984	1983		1985	1984	1983
	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE	NO	RATE	RATE	RATE
A. Total Births	234				644				578				1,456			
B. Live Births	231	31.1	28.8	20.5	642	35.6	36.2	37.5	575	22.5	23.1	28.1	1,448	28.4	28.6	29.6
C. Low Birthweight Infants	14	6.1	5.8	8.0	40	6.2	4.9	8.7	16	2.8	5.8	3.3	70	4.8	5.4	6.4
D. Stillbirths	3	12.8	23.4	13.1	2	3.1	4.7	6.3	3	5.2	8.7	0.0	8	5.5	9.1	4.9
E. Perinatal Deaths	3	12.8	32.7	26.2	4	6.2	11.1	22.0	4	6.9	12.2	3.5	11	7.6	14.7	15.2
F. Neonatal Deaths	0	0.0	14.4	17.7	4	6.2	6.3	19.0	1	1.7	5.3	3.5	5	3.5	7.1	12.5
G. Post Neonatal Deaths	2	8.7	28.7	26.6	14	21.8	6.3	20.5	2	3.5	1.8	6.9	18	12.4	7.8	16.0
H. Infant Deaths (Under 1 Year)	2	8.7	43.1	44.3	18	28.0	12.7	39.5	3	5.2	7.0	10.4	23	15.9	14.9	28.5
I. Total Deaths (Crude Death Rate)	61	8.2	7.6	4.6	106	5.9	5.3	7.0	57	2.2	2.8	2.9	224	4.4	4.4	5.3
J. Natural Increase	170	22.9	21.9	15.8	536	29.7	31.2	30.6	518	20.3	20.6	23.8	1,224	24.0	24.5	24.3
K. Maternal Deaths	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0

a) Population
b) Rate per 100 births (total births (e)).
c) Rate per 100 births (total births (e)).
d) Rate per 100 births (total births (e)).
e) This should be equal to total (b) + (c) + (d) and also of (f)+(h).
f) Rate per 1,000 population (a).
g) 2.5 kg. or under, Rate per 100 live births (f).
h) Foetal deaths of 20 weeks or more gestation or more than 500 gm. Ratio per 1,000 total births (e).
i) Stillbirths + deaths under 7 days, Rate per 1,000 total births (e)
j) Under 28 days. Rate per 1,000 live births (f).
k) 28 days and under 1 year. Rate per 1,000 live births (f).
l) Under 1 year ((f) + (l)). Rate per 1,000 live births (f).
m) Rate per 10,000 live births (f).
n) All other deaths includes maternal deaths (m) but excludes infant.
o) Total deaths equals infant deaths (l) plus other deaths (n). Crude death rate per 1,000 population (a).

I) Natural increase rate.

$$\frac{(f) - (o)}{(a)} \times 1,000$$

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, ETHNICITY AND SEX 1985

CAUSE OF DEATH	INDIAN			INUIT			OTHER			TOTAL		
	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% OF TOTAL DEATHS	M	F	% of TOTAL DEATHS
1. Infectious & Parasitic Diseases	0	0	0.0	1	1	0.9	0	0	0.0	1	1	0.9
2. Neoplasms	2	3	2.2	13	6	8.5	6	2	3.6	21	11	14.3
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	1	0.4	0	0	0.0	0	0	0.0	0	1	0.4
4. Diseases of the Blood and Blood-Forming Organs	0	0	0.0	2	0	0.9	0	0	0.0	2	0	0.9
5. Mental Disorders	0	0	0.0	1	0	0.4	0	0	0.0	1	0	0.4
6. Diseases of the Nervous System & Sense Organs	1	0	0.4	1	2	1.3	0	0	0.0	2	2	1.8
7. Diseases of the Circulatory System	12	6	8.0	13	7	8.9	15	4	8.5	40	17	25.4
8. Diseases of the Respiratory System	1	1	0.9	5	5	4.5	1	0	0.4	7	6	5.8
9. Diseases of the Digestive System	1	2	1.3	2	0	0.9	0	1	0.4	3	3	2.7
10. Diseases of the Genitourinary System	0	0	0.0	0	1	0.4	1	0	0.4	1	1	0.9
14. Congenital Anomalies	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
15. Certain Conditions Originating in the Perinatal Period	0	0	0.0	1	1	0.9	2	0	0.9	3	1	1.8
16. Symptoms, Signs and Ill-Defined Conditions	0	2	0.9	11	4	6.7	2	1	1.3	13	7	8.9
17. Injury & Poisoning	20	9	12.9	23	6	12.9	18	4	9.8	61	19	35.7
TOTAL	37	24	27.2	73	33	47.3	45	12	25.4	155	69	99.9

CAUSES OF DEATH
BY INTERNATIONAL CLASSIFICATION
OF DISEASE, AGE AND SEX - 1985

CAUSE OF DEATH	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Infectious and Parasitic Diseases	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
2. Neoplasms	0	1	0	0	0	0	1	0	6	4	6	3	8	3	21	11
3. Endocrine, Nutritional & Metabolic Diseases & Immunity Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
4. Diseases of the Blood & Blood-Forming Organs	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	0
5. Mental Disorders	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
6. Diseases of the Nervous System & Sense Organs	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
7. Diseases of the Circulatory System	0	5	0	1	0	0	3	0	4	1	9	2	24	8	40	17
8. Diseases of the Respiratory System	0	1	0	0	0	0	1	0	0	0	1	2	5	3	7	6
9. Diseases of the Digestive System	0	0	0	0	0	0	0	0	0	0	1	2	2	1	3	3
10. Diseases of the Genitourinary System	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1
14. Congenital Anomalies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Certain Conditions Originating in the Perinatal Period	3	1	0	0	0	0	0	0	0	0	0	0	0	0	3	1
16. Symptoms, Signs, & Ill-Defined Conditions	4	3	1	0	0	0	0	0	0	0	3	0	5	4	13	7
17. Injury & Poisonings	8	4	19	4	16	4	12	2	3	2	2	3	1	0	61	19
TOTAL	18	18	21	5	16	4	17	2	15	7	22	12	46	21	155	69

DEATHS BY SEX, AGE AND ETHNICITY - 1985

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	5	2	9	15	4	1	18	18
15-24	5	3	11	2	5	0	21	5
25-34	5	2	6	2	5	0	16	4
35-44	5	0	5	0	7	2	17	2
45-54	2	2	4	3	9	2	15	7
55-64	4	3	14	6	4	3	22	12
65+	11	12	24	5	11	4	46	21
TOTAL	37	24	73	33	45	12	155	69

DEATHS FROM CANCER

BY SITE, ETHNICITY AND SEX - 1985

SITE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
LUNG	0	2	8	3	1	0	9	5
ESOPHAGUS	0	0	1	0	1	0	2	0
SMALL INTESTINE	0	0	0	0	1	0	1	0
PANCREAS	1	0	0	0	0	0	1	0
KIDNEY	0	0	1	0	0	0	1	0
LIVER	0	0	0	0	1	0	1	0
CERVIX	0	1	0	0	0	0	0	1
UTERUS	0	0	0	1	0	0	0	1
BREAST	0	0	0	0	0	1	0	1
SPINDLE CELL	0	0	1	0	0	0	1	0
BRAIN	0	0	0	2	1	0	1	2
LEUKEMIA	0	0	1	0	1	0	2	0
UNKNOWN	1	0	1	0	0	1	2	1
TOTAL	2	3	13	6	6	2	21	11

DEATHS FROM CANCER

BY SITE, AGE AND SEX - 1985

SITE	UNDER15		15 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
LUNG	0	0	0	0	0	0	0	0	1	3	4	2	4	0	9	5
ESOPHAGUS	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2	0
SMALL INTESTINE	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
PANCREAS	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
KIDNEY	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
LIVER	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
CERVIX	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
UTERUS	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
BREAST	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
BRAIN	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	2
SPINDLE CELL	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
LEUKEMIA	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0
UNKNOWN	0	0	0	0	0	0	0	0	0	0	1	0	1	1	2	1
	0	1	0	0	0	0	1	0	6	4	6	3	8	3	21	11

DEATHS FROM CANCER

BY AGE, ETHNICITY AND SEX - 1985

	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
UNDER 15	0	0	0	1	0	0	0	1
15 - 24	0	0	0	0	0	0	0	0
25 - 34	0	0	0	0	0	0	0	0
35 - 44	1	0	0	0	0	0	1	0
45 - 54	0	1	3	2	3	1	6	4
55 - 64	0	1	5	2	1	0	6	3
65 +	1	1	5	1	2	1	8	3
TOTAL	2	3	13	6	6	2	21	11

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE

BY METHOD, ETHNICITY AND SEX - 1985

METHOD	INDIAN			INUIT			OTHER			TOTAL		
	M	F	%	M	F	%	M	F	%	M	F	%
Motor Vehicle	3	0	3.8	5	1	7.5	6	3	11.3	14	4	22.5
Drowning	2	2	5.0	4	0	5.0	3	1	5.0	9	3	13.8
Exposure	2	1	3.8	2	0	2.5	1	0	1.3	5	1	7.5
Fire	4	3	8.8	0	1	1.3	0	0	0.0	4	4	10.0
Falls	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Firearms	4	0	5.0	1	2	3.8	3	0	3.8	8	2	12.5
Overdoses	2	0	2.5	0	1	1.3	2	0	2.5	4	1	6.3
Industrial	0	0	0.0	1	0	1.3	1	0	1.3	2	0	2.5
Other	3	3	7.5	10	1	13.8	2	0	2.5	15	4	23.8
TOTALS	20	9	36.3	23	6	36.3	18	4	27.5	61	19	100.0

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE

BY METHOD, AGE AND SEX - 1985

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Motor Vehicle	2	2	3	0	4	0	4	1	0	0	1	1	0	0	14	4
Drowning	1	2	3	0	3	0	1	1	1	0	0	0	0	0	9	3
Exposure	0	0	2	1	0	0	1	0	1	0	0	0	1	0	5	1
Fire	4	0	0	1	0	1	0	0	0	1	0	1	0	0	4	4
Falls	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Firearms	0	0	4	1	1	1	2	0	0	0	1	0	0	0	8	2
Overdoses	0	0	0	0	1	0	2	0	1	0	0	1	0	0	4	1
Industrial	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	0
Other	1	0	7	1	7	2	0	0	0	1	0	0	0	0	15	4
TOTALS	8	4	19	4	16	4	12	2	3	2	2	3	1	0	61	19

DEATHS BY ACCIDENTS, INJURIES AND VIOLENCE

BY AGE, ETHNICITY AND SEX - 1985

AGE	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	4	2	3	1	1	1	8	4
15-24	5	3	9	1	5	0	19	4
25-34	5	2	6	2	5	0	16	4
35-44	3	0	3	0	6	2	12	2
45-54	2	1	0	1	1	0	3	2
55-64	1	1	1	1	0	1	2	3
65+	0	0	1	0	0	0	1	0
TOTALS	20	9	23	6	18	4	61	19

SUICIDES BY METHOD, ETHNICITY AND SEX - 1985

METHOD	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Hanging	0	0	7	0	1	0	8	0
Overdose	0	0	0	0	1	0	1	0
Firearms	3	0	1	1	2	0	6	1
TOTALS	3	0	8	1	4	0	15	1

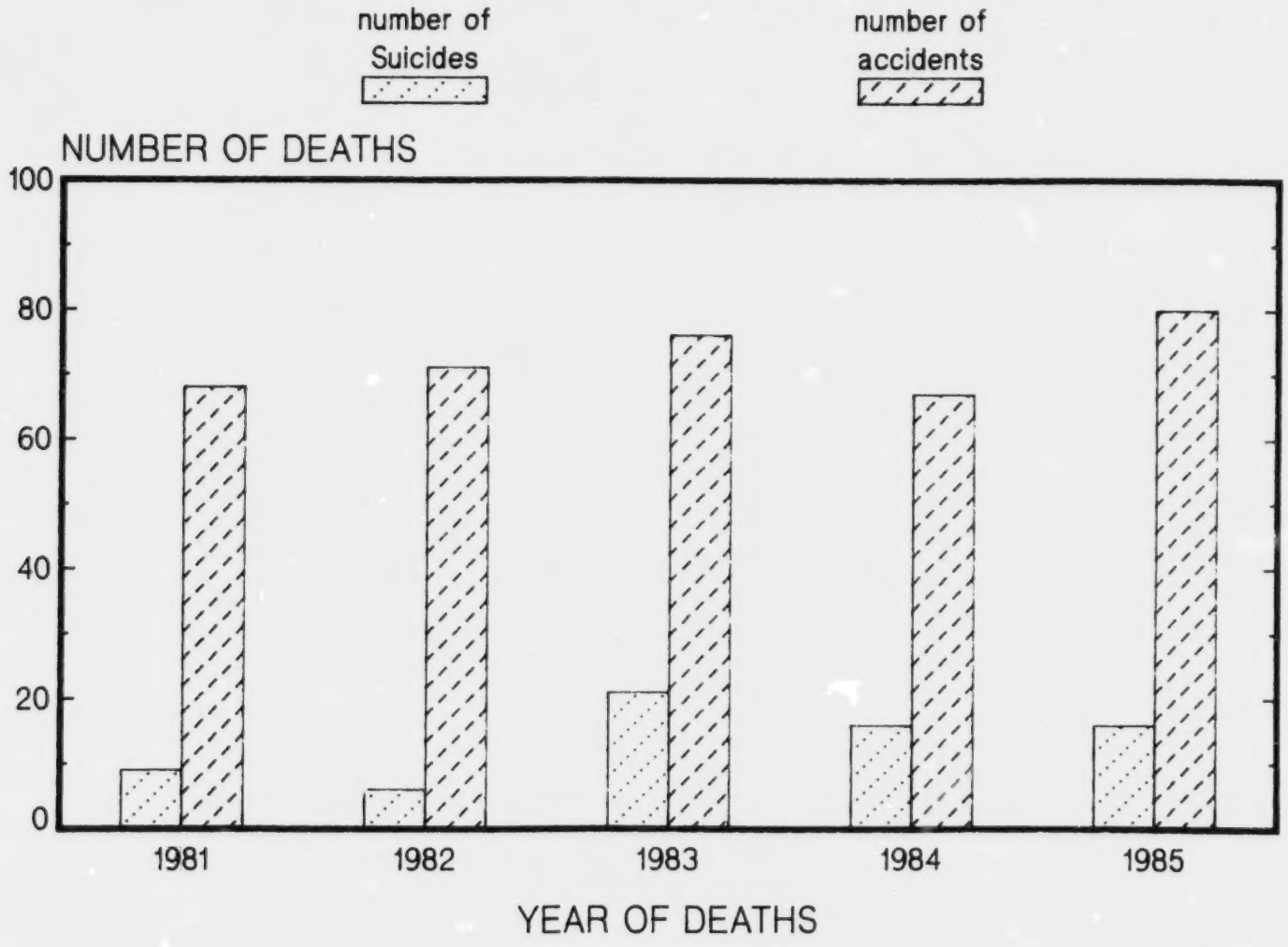
SUICIDES BY METHOD, AGE AND SEX - 1985

METHOD	UNDER 15		15-24		25-34		35-44		45-54		55-64		65+		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Hanging	1	0	3	0	4	0	0	0	0	0	0	0	0	0	8	0
Overdose	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Firearms	0	0	4	1	1	0	1	0	0	0	0	0	0	0	6	1
TOTALS	1	0	7	1	6	0	1	0	0	0	0	0	0	0	15	1

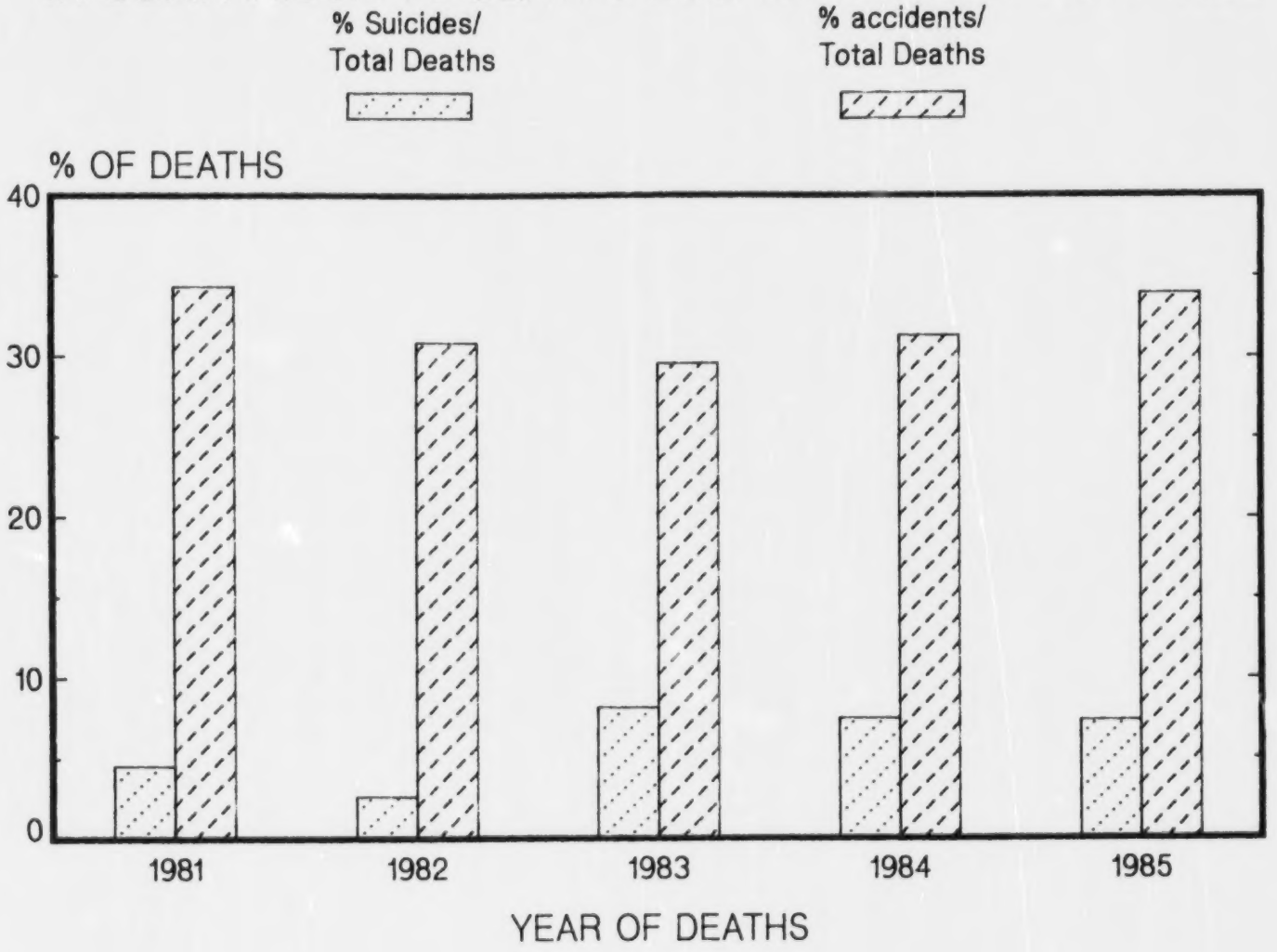
SUICIDES BY AGE, ETHNICITY AND SEX - 1985

	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
Under 15	0	0	0	0	1	0	1	0
15-24	1	0	4	1	1	0	6	1
25-34	0	0	4	0	2	0	6	0
35-44	1	0	0	0	0	0	1	0
45-54	0	0	0	0	0	0	0	0
55-64	1	0	0	0	0	0	1	0
65+	0	0	0	0	0	0	0	0
TOTALS	3	0	8	1	4	0	15	1

DEATHS DUE TO ACCIDENTS, INJURIES AND VIOLENCE
IN COMPARISON TO DEATHS DUE TO SUICIDES 1981 - 1985



DEATHS DUE TO ACCIDENTS, INJURIES AND VIOLENCE
IN COMPARISON TO DEATHS DUE TO SUICIDES 1981 - 1985



FIVE YEAR TRENDS IN N.W.T. INFANT HEALTH INDICATORS - 1985

INDICATORS	YEAR	INDIAN	INUIT	OTHER	TOTAL
LIVE BIRTHS Rate per 1,000 Population	1975	26.0	32.4	32.4	31.2
	1980	25.6	32.2	22.7	26.5
	1985	31.1	35.6	22.5	28.4
LOW BIRTHWEIGHT INFANTS Rate per 100 Live Births	1975	13.1	5.4	3.8	6.0
	1980	1.8	4.9	4.0	4.0
	1985	6.1	6.2	2.8	4.8
STILLBIRTHS Rate per 1,000 Total Births	1975	25.2	8.7	12.9	13.3
	1980	9.1	7.8	7.9	8.1
	1985	12.8	3.1	5.2	5.5
PERINATAL Mortality Rate (per 1,000 Total Births)	1975	64.0	19.6	18.2	26.4
	1980	9.1	21.6	21.9	19.5
	1985	12.8	6.2	6.9	7.6
NEONATAL DEATHS Rate per 1,000 Live Births	1975	40.4	17.4	9.2	17.5
	1980	0.0	17.8	16.1	13.9
	1985	0.0	6.2	1.7	3.5
POST NEONATAL Mortality Rate (per 1,000 Live Births)	1975	25.2	30.5	3.7	17.5
	1980	4.6	39.6	18.1	24.6
	1985	8.7	21.8	3.5	12.4
INFANT Mortality Rate (per 1,000 Live Births)	1975	65.6	48.0	12.4	35.1
	1980	4.6	39.6	18.1	24.6
	1985	8.7	28.0	5.2	15.9

INFANT DEATHS BY CAUSE, ETHNICITY AND SEX - 1985

CAUSE OF DEATH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
ACCIDENT	1	0	0	0	0	0	1	0
SIDS	0	0	3	1	1	0	4	1
BRAIN STEM DAMAGE	0	0	1	0	0	0	1	0
NECROTIZING ENT-EROCOLITIS	0	0	0	0	1	0	1	0
PREMATURITY	0	0	0	0	1	0	1	0
CARDIAC ARREST	0	0	0	4	0	0	0	4
SEPSIS	0	0	1	1	0	0	1	1
REYE'S SYNDROME	1	0	0	0	0	0	1	0
INTRA-UTERINE INF.	0	0	0	1	0	0	0	1
PNEUMONIA	0	0	0	1	0	0	0	1
MENINGITIS	0	0	0	2	0	0	0	2
RESPIRATORY ARREST	0	0	0	2	0	0	0	2
ASPHYXIA	0	0	1	0	0	0	1	0
TOTAL	2	0	6	12	3	0	11	12

INFANT DEATHS BY AGE, ETHNICITY AND SEX - 1985

AGE GROUP	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
EARLY NEONATAL (0 - 6 DAYS)	0	0	1	1	1	0	2	1
LATE NEONATAL (7 - 28 DAYS)	0	0	0	2	0	0	0	2
POST NEONATAL (29 DAYS - 1 YR)	2	0	5	9	2	0	9	9
TOTAL	2	0	6	12	3	0	11	12

INFANT DEATHS BY CAUSE, AGE AND SEX - 1985

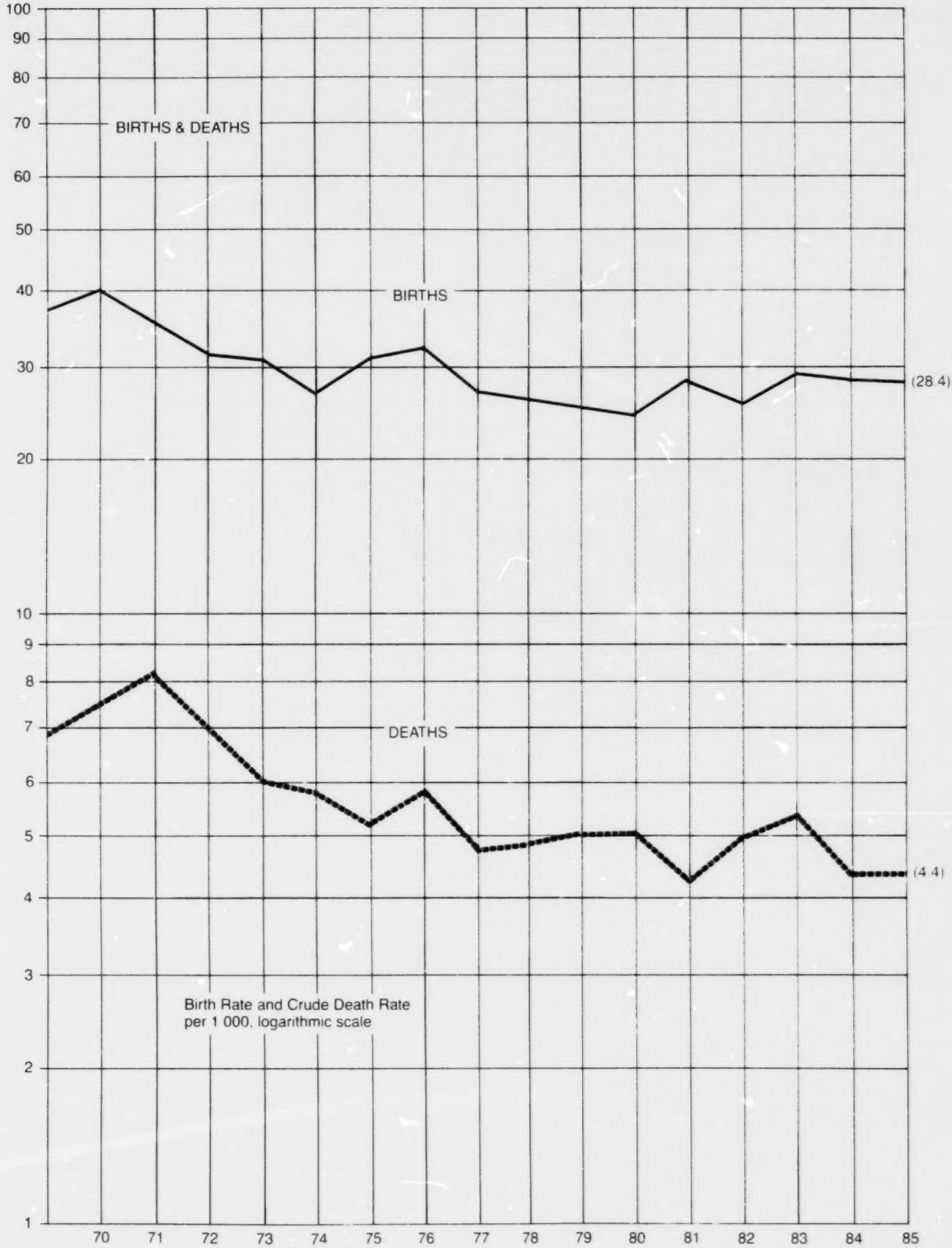
CAUSE OF DEATH	EARLY NEONATAL (0-6 DAYS)		LATE NEONATAL (7 - 28 DAYS)		POST NEONATAL (29 DAYS-1YR)		TOTAL	
	M	F	M	F	M	F	M	F
ACCIDENT	0	0	0	0	1	0	1	0
SIDS	0	0	0	0	4	1	4	1
BRAIN STEM DAMAGE	0	0	0	0	1	0	1	0
NECROTIZING ENTEROCOLITIS	0	0	0	0	1	0	1	0
PREMATURITY	1	0	0	0	0	0	1	0
CARDIAC ARREST	0	0	0	1	0	3	0	4
SEPSIS	0	0	0	0	1	1	1	1
REYE'S SYNDROME	0	0	0	0	1	0	1	0
INTRA-UTERINE INF.	0	1	0	0	0	0	0	1
PNEUMONIA	0	0	0	1	0	0	0	1
MENINGITIS	0	0	0	0	0	2	0	2
RESPIRATORY ARREST	0	0	0	0	0	2	0	2
ASPHYXIA	1	0	0	0	0	0	1	0
TOTAL	2	1	0	2	9	9	11	12

STILLBIRTHS BY CAUSE, ETHNICITY AND SEX - 1985

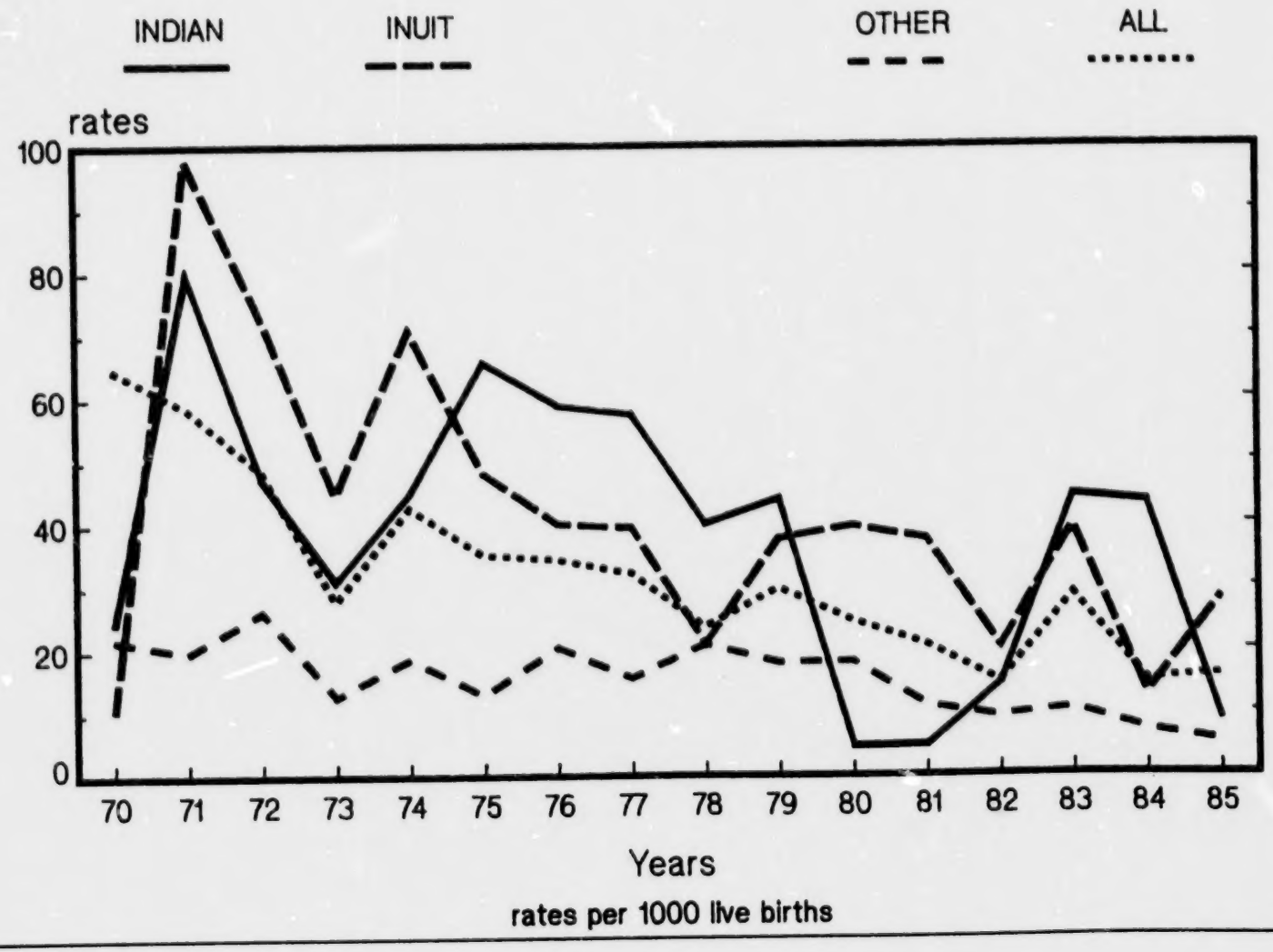
CAUSE OF STILLBIRTH	INDIAN		INUIT		OTHER		TOTAL	
	M	F	M	F	M	F	M	F
PREMATURE LABOUR	0	0	1	0	0	0	1	0
PRE-TERM, RUPTURED MEMBRANES	0	0	0	0	0	1	0	1
ANOXIA/ASPHYXIA	2	0	0	0	0	0	2	0
CORD ACCIDENT	1	0	0	0	0	0	1	0
UNKNOWN	0	0	0	1	1	1	1	2
TOTAL	3	0	1	1	1	2	5	3

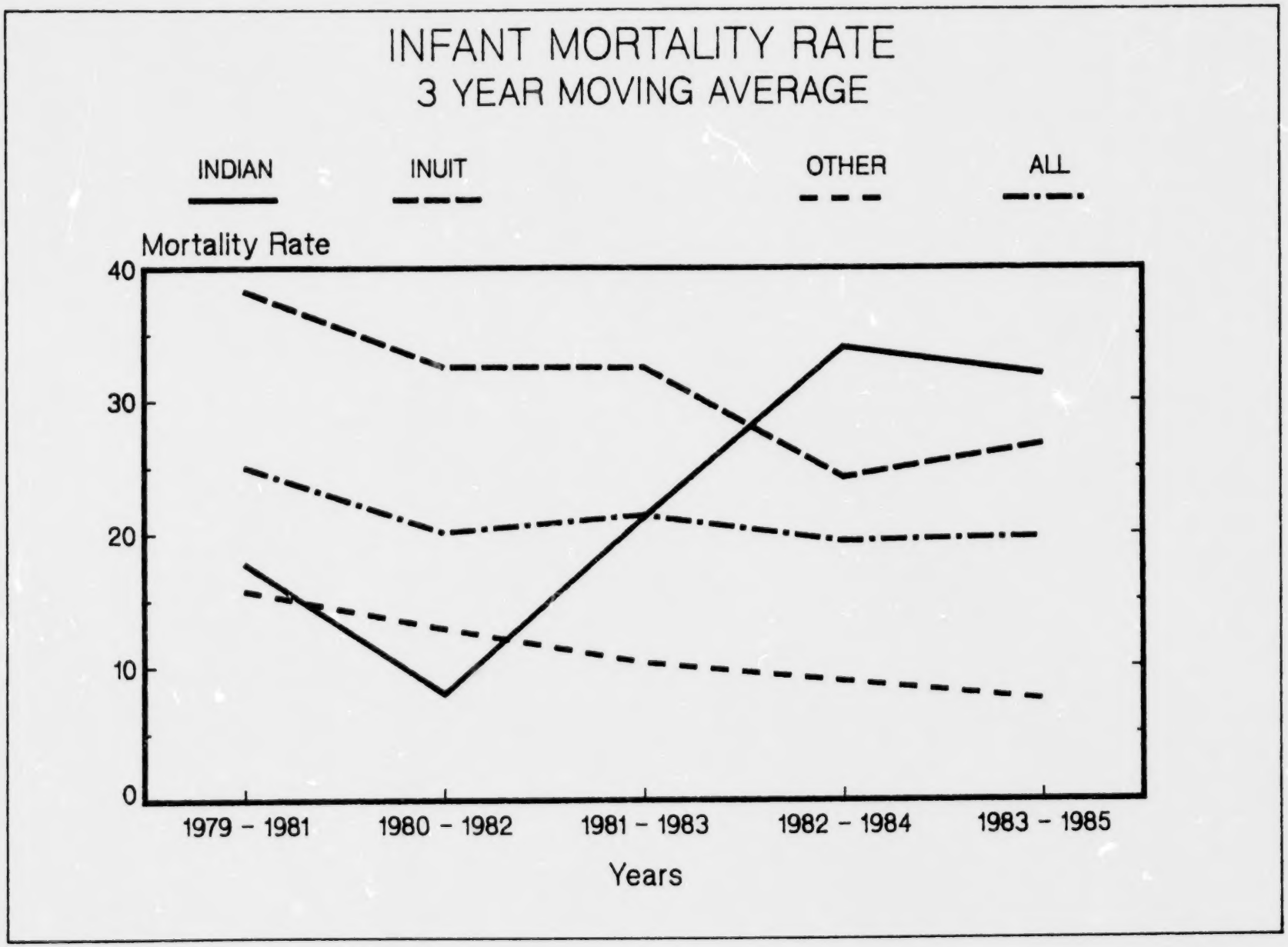
MATERNAL AGE GROUPS - 1985

	LIVEBIRTHS														STILLBIRTHS						
	14-19 yr.		20-24		25-29		30-34		35-39		40-44		TOTAL		15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	TOTAL
	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#	LBW	#							
MACKENZIE ZONE																					
Indian	2	43	7	64	2	30	1	18	0	2	0	1	12	158	1	1	0	0	0	0	2
Inuit	1	36	2	45	2	21	0	7	0	4	0	1	5	114	0	0	0	0	0	0	0
Other	1	24	0	107	3	179	6	106	0	23	0	0	10	439	0	0	1	2	0	0	3
TOTAL	4	103	9	216	7	230	7	131	0	29	0	2	27	711	1	1	1	2	0	0	5
INUVIK ZONE																					
Indian	1	5	0	34	0	16	0	11	1	4	0	0	2	70	1	0	0	0	0	0	1
Inuit	0	19	2	30	0	19	1	10	0	1	0	1	3	80	1	0	0	0	0	0	1
Other	2	6	3	29	0	31	0	6	1	4	0	0	6	76	0	0	0	0	0	0	0
TOTAL	3	30	5	93	0	66	1	27	2	9	0	1	11	226	2	0	0	0	0	0	2
BAFFIN ZONE																					
Indian	0	0	0	1	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0
Inuit	6	115	4	98	3	46	2	25	1	11	0	4	16	299	1	0	0	0	0	0	1
Other	0	1	0	8	0	19	0	9	0	5	0	0	0	42	0	0	0	0	0	0	0
TOTAL	6	116	4	107	3	65	2	35	1	16	0	4	16	343	1	0	0	0	0	0	1
KEEWATIN ZONE																					
Indian	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
Inuit	6	43	4	51	4	27	2	23	0	5	0	0	16	149	0	0	0	0	0	0	0
Other	0	1	0	3	0	6	0	7	0	1	0	0	0	18	0	0	0	0	0	0	0
TOTAL	6	44	4	54	4	33	2	31	0	6	0	0	16	168	0	0	0	0	0	0	0
TOTAL N.W.T.	19	293	22	470	14	394	12	224	3	60	0	7	70	1448	4	1	1	2	0	0	8


BIRTHS & DEATHS
BIRTHS
DEATHS
(28.4)
(4.4)
Birth Rate and Crude Death Rate
per 1 000, logarithmic scale
100
90
80
70
60
50
40
30
20
10
9
8
7
6
5
4
3
2
1
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85

INFANT MORTALITY RATE




INFANT MORTALITY RATE
3 YEAR MOVING AVERAGE
INDIAN
INUIT
OTHER
ALL
Mortality Rate
40
30
20
10
0
1979 - 1981
1980 - 1982
1981 - 1983
1982 - 1984
1983 - 1985
Years

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

An upgrading course was planned and developed for the Eastern Arctic Community Health Representatives (CHR). This course will take place in the early part of 1986. In order to obtain the maximum benefits of the workshop, the Eastern Arctic CHR's developed their own agenda which would best meet their specific needs and requirements.

The Branch CHR Coordinating Committee, which is made up of Community Health Representatives from the provinces and terrritories, is in the process of developing a CHR National Conference. Northwest Territories Region assisted with the organization of a Regional CHR Workshop; this allowed the Northwest Territories' Community Health Representatives to meet and develop a working paper on northern CHR issues which will be included as part of the Conference planning.

NATIVE INVOLVEMENT

During 1985, N.W.T. Region instituted the Medical Services Branch Indian and Inuit Health Careers Program in the Northwest Territories. The objective of the Program is to encourage and support Indian and Inuit participation in educational opportunities leading to a professional career in the health field. The initiatives taken in 1985 resulted in five native students entering post-secondary education programs leading to professional health careers.

There was an increase in the native involvement thrust in the N.W.T. Region. This was evidenced by the increased involvement of communities in health issues and their interest in developing committees to address internal problems.

Through the two Health Liaison Agreements, the Western Arctic has shown an increased interest in health initiatives. This was evidenced by the success of the third Dene Health Conference.

HEALTH MANAGEMENT INFORMATION SYSTEM

Community Health Information System

The Community Health Information System was designed to facilitate an information gathering system primarily within such health facilities as nursing stations, health centres and health stations. The system is, however, tied directly to hospitals, medical clinical operations and other health and administration related functions.

The objectives of the Community Health Information System are:

1. to implement an effective health management information system in order to quantify objectives and standards pertinent to health care planners and providers;
2. to acquire, process and store data and disseminate information in accordance with needs;
3. to provide management with an operational control by concerning itself with the efficiency, quality and effectiveness of programs and its use of resources in comparison against standards.

The Community Health Services Report Form is designed to facilitate the recording of treatment oriented inpatient and outpatient activities, and the recording of public health activities and administrative duties. It is estimated that approximately 300,000 forms are being completed at the field level per annum throughout communities North of 60°, on a population figure of approximately 51,000.

The immediate capabilities of this system allow for suitable feedback to the individual nursing stations such as community profile data, incidence of disease by age, community and sex, ICD-9 level by zone and nursing station, practitioner profiles by contract and use of public health programs.

The Community Health Services Report Form is a multi-purpose input document which captures nursing services performed in the communities. This reporting allows for a systematic and comprehensive evaluation of all programs that fall under health services, and provides an increased knowledge and ultimately a better definition of health problems and issues.

The philosophy of community health nursing is to assist families and communities to attain the highest possible level of health, taking into consideration the social, ethnic, economical and geographical variations that exist. To develop methods of evaluating the effectiveness of programs, incidence and prevalence of disease and the utilization of public health services in a manner that health planners, communities and residents are able to recognize and ultimately identify the factors leading to these health problems is, therefore, of the utmost importance.

The Community Health Information System has completed its fourth year of operation. The information compiled has been used in areas such as capital and operational planning, as well as for providing historical and statistical data for the many research projects initiated throughout the Northwest Territories.

Activities recorded by nurses in the field and input into the automated Health Management Information System for the period January 1 - December 31, 1985 are summarized in the following tables and graphs.

Tables I - V identify the number of patients seen and services performed for active treatment and public health activities.

In the Northwest Territories 112,130 clients were seen with 262,610 services being performed by nurses in the nursing stations and health units.

As indicated under the heading of Active Treatment, 67,310 patients were seen and 121,725 services performed by nurses in nursing stations and health units throughout the Northwest Territories. This is an increase of 7,062 patients seen and 18,216 services performed as compared with 1984.

Public Health indicates 44,820 patients were seen and 140,885 services performed. Public Health consists of programs pertaining to maternal child health, infant health, pre-school health, school health, adult health, environmental surveillance, education, family planning, home visits, screening, immunization and communicable diseases. These figures show a decrease of 10,117 patients seen and 3,431 services performed as compared with 1984 figures.

SUMMARY - NURSING STATION ACTIVITY

PERIOD: JANUARY 1 - DECEMBER 31, 1985
ZONE: N.W.T. REGION

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	4,858	5,741
2. Neoplasms	124	180
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	515	676
4. Diseases of the Blood and Blood-Forming Organs	585	697
5. Mental Disorders	1,360	1,990
6. Diseases of the Nervous System and Sense Organs	11,773	17,342
7. Diseases of the Circulatory System	1,695	2,574
8. Diseases of the Respiratory System	19,463	34,943
9. Diseases of the Digestive System	4,184	8,245
10. Diseases of the Genitourinary System	4,491	8,360
11. Complications of Pregnancy, Childbirth, and the Puerperium	307	565
12. Diseases of the Skin and Subcutaneous Tissue	4,080	8,183
13. Diseases of the Musculoskeletal System and Connective Tissue	3,143	6,000
14. Congenital Anomalies	74	132
15. Certain Conditions Originating in the Perinatal Period	23	99
16. Symptoms, Signs, and Ill-Defined Conditions	4,086	12,281
17. Injury and Poisoning	6,549	13,717
Sub-Total	67,310	121,725
PUBLIC HEALTH		
1. Maternal Child Health	4,214	7,412
2. Infant Health	4,987	14.057
3. Preschool Health	3,694	6,487
4. School Health	697	1,678
5. Adult Health	1,858	4,902
6. Environmental Surveillance	1	89
7. Education	2,218	5,452
8. Family Planning	2,400	3,226
9. Home Visits	2,327	7,150
10. Screening	361	3,945
11. Immunization	7,904	14,341
12. Communicable Diseases	187	1,327
13. Administration	0	39,631
14. Public Health General	13,972	31,188
Sub-Total	44,820	140,885
TOTAL	112,130	262,610

SUMMARY - NURSING STATION ACTIVITY

PERIOD: JANUARY 1 - DECEMBER 31, 1985
ZONE: INUVIK

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	748	881
2. Neoplasms	48	71
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	155	216
4. Diseases of the Blood and Blood-Forming Organs	82	94
5. Mental Disorders	359	504
6. Diseases of the Nervous System and Sense Organs	1,883	2,631
7. Diseases of the Circulatory System	368	591
8. Diseases of the Respiratory System	3,114	5,054
9. Diseases of the Digestive System	862	1,579
10. Diseases of the Genitourinary System	851	1,490
11. Complications of Pregnancy, Childbirth, and the Puerperium	57	106
12. Diseases of the Skin and Subcutaneous Tissue	700	1,297
13. Diseases of the Musculoskeletal System and Connective Tissue	579	1,047
14. Congenital Anomalies	17	28
15. Certain Conditions Originating in the Perinatal Period	8	41
16. Symptoms, Signs, and Ill-Defined Conditions	861	2,137
17. Injury and Poisoning	1,670	3,279
Sub-Total	12,362	21,046
PUBLIC HEALTH		
1. Maternal Child Health	681	1,218
2. Infant Health	756	2.224
3. Preschool Health	1,067	1,792
4. School Health	145	342
5. Adult Health	491	1,057
6. Environmental Surveillance	0	22
7. Education	322	906
8. Family Planning	387	543
9. Home Visits	678	2,275
10. Screening	54	562
11. Immunization	1,205	2,499
12. Communicable Diseases	24	519
13. Administration	0	4,970
14. Public Health General	2,254	5,520
Sub-Total	8,064	24,449
TOTAL	20,426	45,495

SUMMARY - NURSING STATION ACTIVITY

PERIOD: JANUARY 1 - DECEMBER 31, 1985
ZONE: MACKENZIE

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,369	1,598
2. Neoplasms	16	22
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	97	115
4. Diseases of the Blood and Blood-Forming Organs	117	140
5. Mental Disorders	342	498
6. Diseases of the Nervous System and Sense Organs	3,568	5,109
7. Diseases of the Circulatory System	344	542
8. Diseases of the Respiratory System	5,930	10,505
9. Diseases of the Digestive System	1,228	2,506
10. Diseases of the Genitourinary System	1,330	2,490
11. Complications of Pregnancy, Childbirth, and the Puerperium	80	142
12. Diseases of the Skin and Subcutaneous Tissue	1,082	2,144
13. Diseases of the Musculoskeletal System and Connective Tissue	1.060	1,960
14. Congenital Anomalies	18	31
15. Certain Conditions Originating in the Perinatal Period	5	16
16. Symptoms, Signs, and Ill-Defined Conditions	1,203	3,581
17. Injury and Poisoning	2,072	4,304
Sub-Total	19,861	35,703
PUBLIC HEALTH		
1. Maternal Child Health	1,133	2,164
2. Infant Health	1,338	5.404
3. Preschool Health	1,591	3,068
4. School Health	289	788
5. Adult Health	422	1,289
6. Environmental Surveillance	1	51
7. Education	1,608	3,920
8. Family Planning	830	1,108
9. Home Visits	945	3,164
10. Screening	206	2,211
11. Immunization	3,969	7,149
12. Communicable Diseases	78	425
13. Administration	0	9,769
14. Public Health General	3,601	8,495
Sub-Total	16,011	49,005
TOTAL	35,872	84,708

SUMMARY - NURSING STATION ACTIVITY

PERIOD: JANUARY 1 - DECEMBER 31, 1985
ZONE: BAFFIN

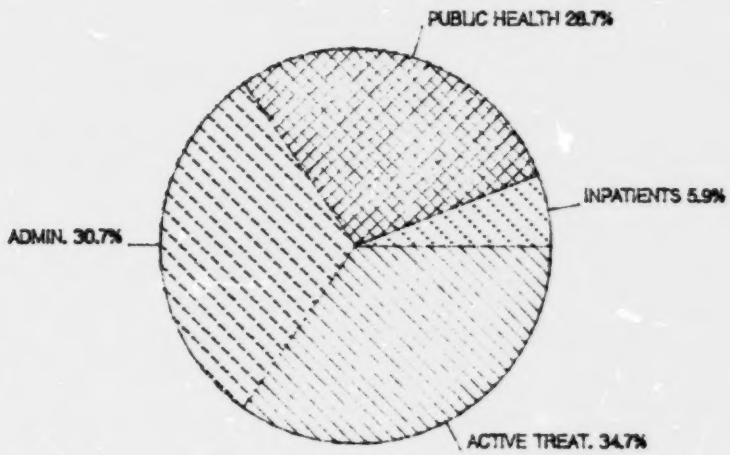
ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,424	1,744
2. Neoplasms	48	66
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	143	193
4. Diseases of the Blood and Blood-Forming Organs	216	252
5. Mental Disorders	416	606
6. Diseases of the Nervous System and Sense Organs	3,023	4,663
7. Diseases of the Circulatory System	395	621
8. Diseases of the Respiratory System	5,270	10,010
9. Diseases of the Digestive System	1,242	2,443
10. Diseases of the Genitourinary System	1,229	2,378
11. Complications of Pregnancy, Childbirth, and the Puerperium	98	191
12. Diseases of the Skin and Subcutaneous Tissue	1,138	2,385
13. Diseases of the Musculoskeletal System and Connective Tissue	830	1,596
14. Congenital Anomalies	14	28
15. Certain Conditions Originating in the Perinatal Period	7	31
16. Symptoms, Signs, and Ill-Defined Conditions	1,119	3,862
17. Injury and Poisoning	1,439	3,195
Sub-Total	18,051	34,264
PUBLIC HEALTH		
1. Maternal Child Health	1,323	2,320
2. Infant Health	1,571	3.963
3. Preschool Health	758	1,253
4. School Health	127	302
5. Adult Health	490	1,554
6. Environmental Surveillance	0	9
7. Education	211	482
8. Family Planning	923	1,244
9. Home Visits	531	1,327
10. Screening	59	851
11. Immunization	1,639	3,015
12. Communicable Diseases	26	184
13. Administration	0	16,975
14. Public Health General	3,818	9,305
Sub-Total	11,476	42,784
TOTAL	29,527	77,048

SUMMARY - NURSING STATION ACTIVITY

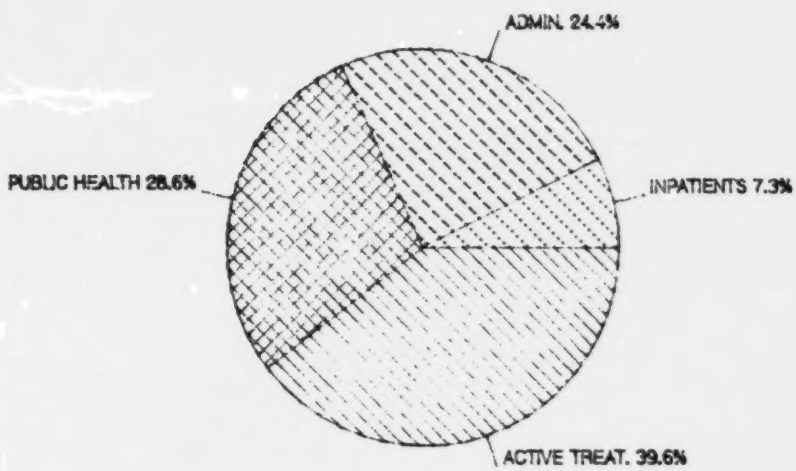
PERIOD: JANUARY 1 - DECEMBER 31, 1985
ZONE: KEEWATIN

ACTIVE TREATMENT	PATIENTS	SERVICES
1. Infectious & Parasitic Diseases	1,317	1,518
2. Neoplasms	12	21
3. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	120	152
4. Diseases of the Blood and Blood-Forming Organs	170	211
5. Mental Disorders	243	382
6. Diseases of the Nervous System and Sense Organs	3,299	4,939
7. Diseases of the Circulatory System	588	820
8. Diseases of the Respiratory System	5,149	9,374
9. Diseases of the Digestive System	852	1,717
10. Diseases of the Genitourinary System	1,081	2,002
11. Complications of Pregnancy, Childbirth, and the Puerperium	72	126
12. Diseases of the Skin and Subcutaneous Tissue	1,160	2,357
13. Diseases of the Musculoskeletal System and Connective Tissue	674	1,397
14. Congenital Anomalies	25	45
15. Certain Conditions Originating in the Perinatal Period	3	11
16. Symptoms, Signs, and Ill-Defined Conditions	903	2,701
17. Injury and Poisoning	1,368	2,939
Sub-Total	17,036	30,712
PUBLIC HEALTH		
1. Maternal Child Health	1,077	1,710
2. Infant Health	1,322	2.466
3. Preschool Health	278	374
4. School Health	136	246
5. Adult Health	455	1,002
6. Environmental Surveillance	0	7
7. Education	77	144
8. Family Planning	260	331
9. Home Visits	173	384
10. Screening	42	321
11. Immunization	1,091	1,678
12. Communicable Diseases	59	199
13. Administration	0	7,917
14. Public Health General	4,299	7,868
Sub-Total	9,269	24,647
TOTAL	26,305	55,359

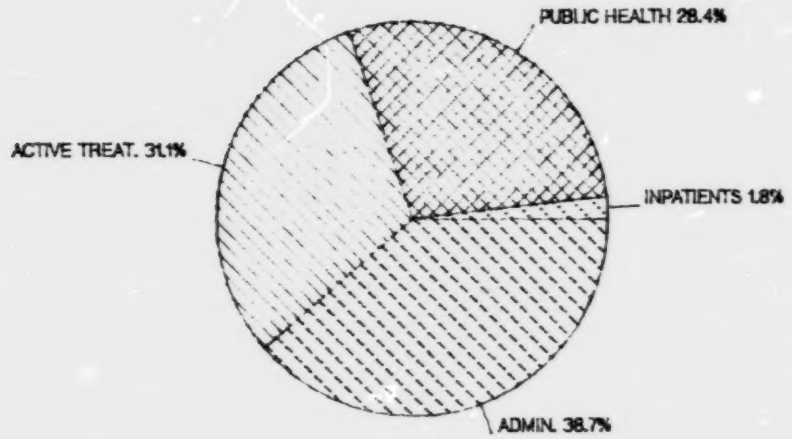
% OF TIME REPORTED BY FIELD UNITS
N.W.T. REGION JAN 1 – DEC 31, 1984



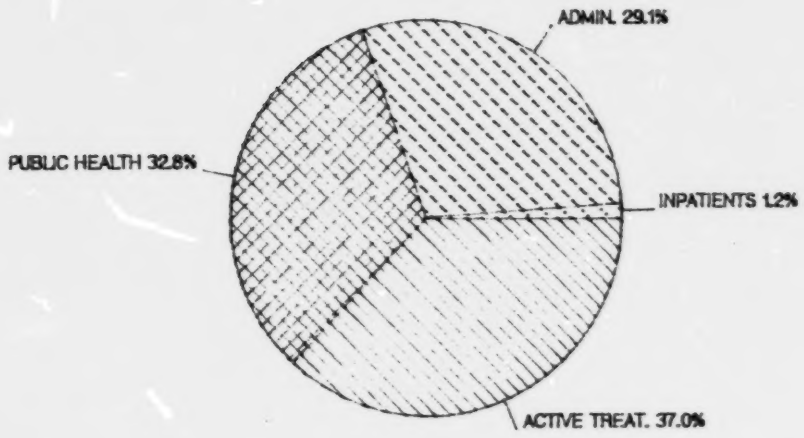
% OF TIME REPORTED BY FIELD UNITS
N.W.T. REGION JAN 1 – DEC 31, 1985



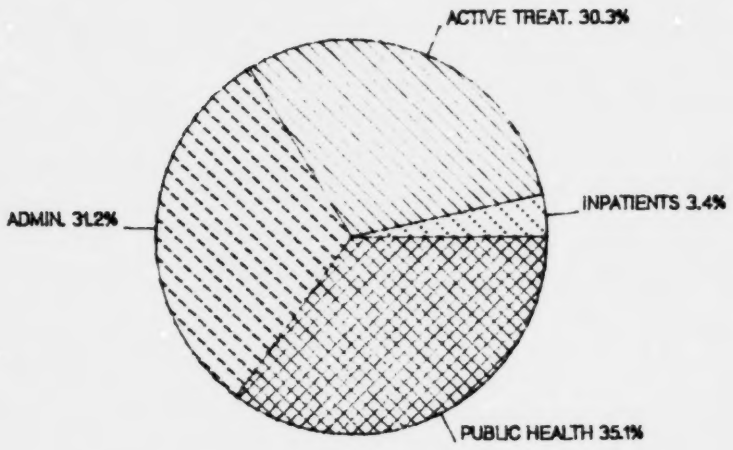
% OF TIME REPORTED BY FIELD UNITS
INUVIK ZONE JAN 1 – DEC 31, 1984



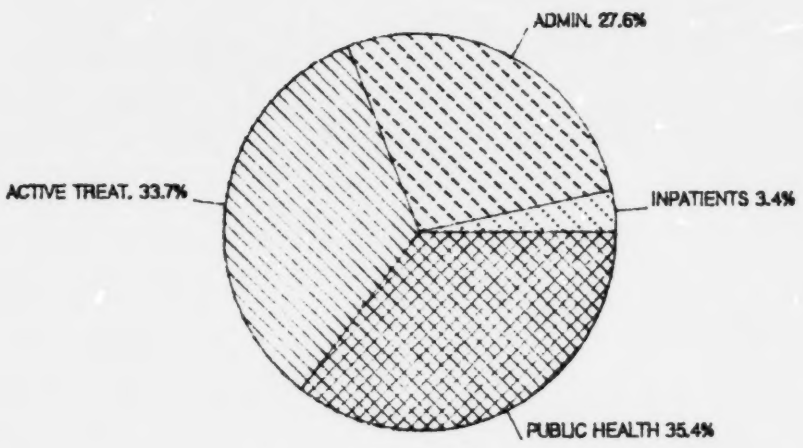
% OF TIME REPORTED BY FIELD UNITS
INUVIK ZONE JAN 1 – DEC 31, 1985



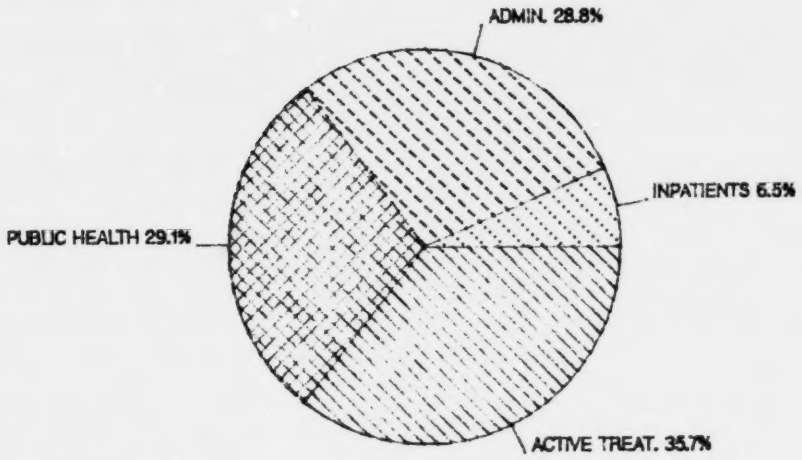
% OF TIME REPORTED BY FIELD UNITS
MACKENZIE ZONE JAN 1 – DEC 31, 1984



% OF TIME REPORTED BY FIELD UNITS
MACKENZIE ZONE JAN 1 – DEC 31, 1985



% OF TIME REPORTED BY FIELD UNITS
BAFFIN ZONE JAN 1 – DEC 31, 1984



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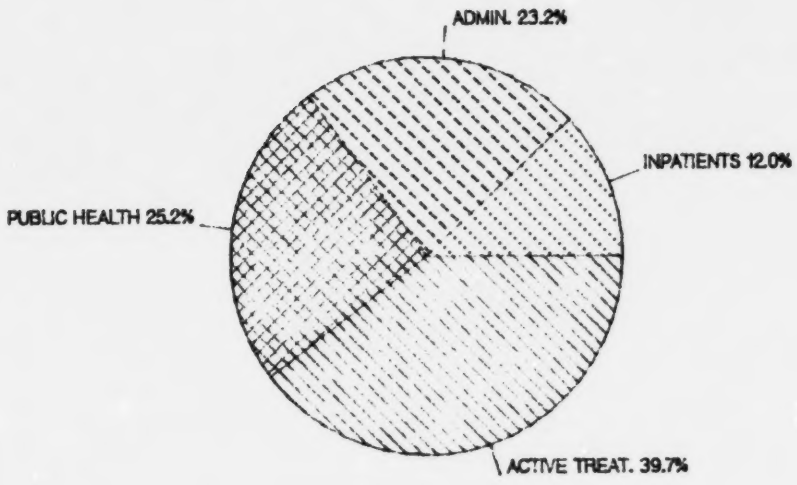
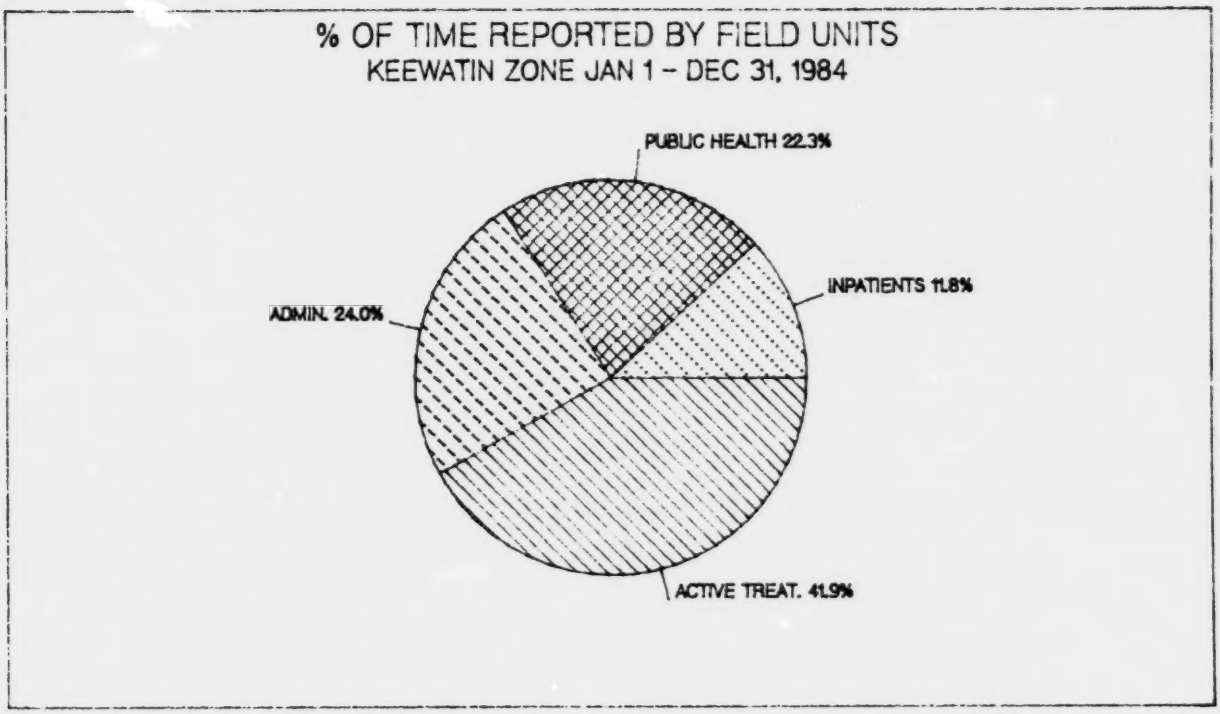
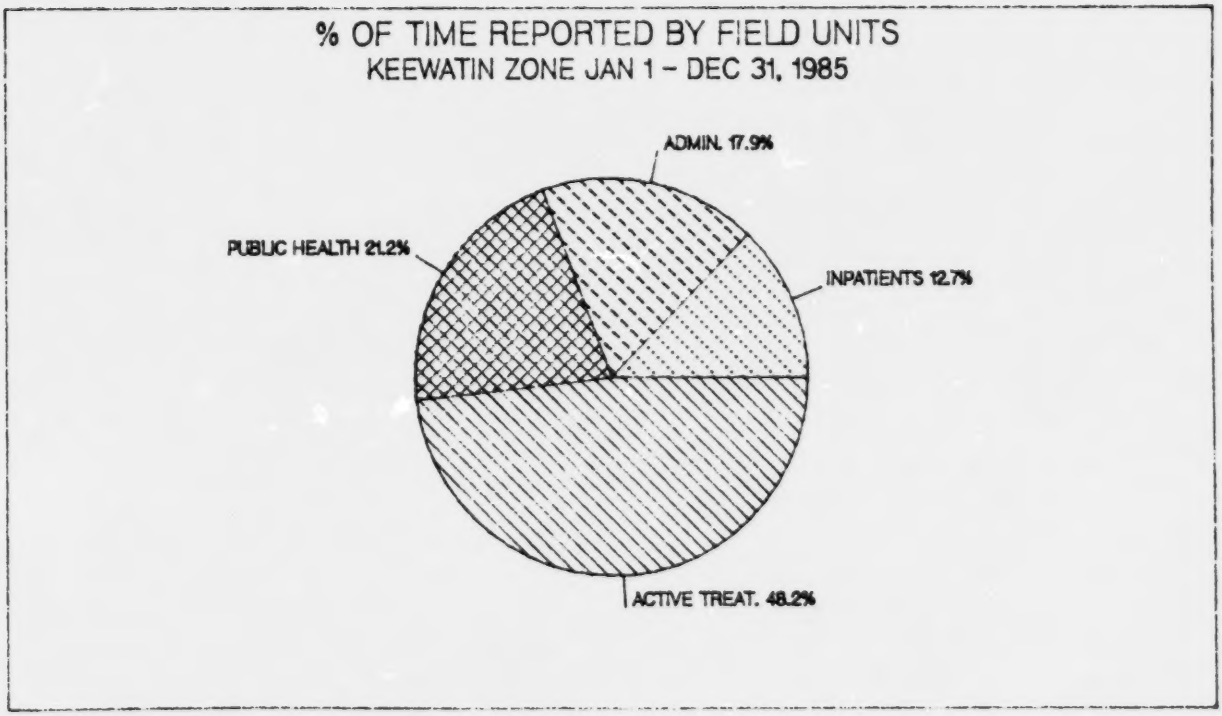



% OF TIME REPORTED BY FIELD UNITS
KEEWATIN ZONE JAN 1 - DEC 31, 1984
PUBLIC HEALTH 22.3%
INPATIENTS 11.8%
ADMIN. 24.0%
ACTIVE TREAT. 41.9%


% OF TIME REPORTED BY FIELD UNITS
KEEWATIN ZONE JAN 1 - DEC 31, 1985
ADMIN. 17.9%
PUBLIC HEALTH 21.2%
INPATIENTS 12.7%
ACTIVE TREAT. 48.2%

NURSING SERVICES

Family centred health care continues to be the focus of Community Health Nursing Services. The health of mothers and infants remains a priority. Prenatal teaching is provided on a one to one basis and in groups, with more fathers now attending classes. Women are increasingly reluctant to leave their communities to deliver their babies in hospital. All known high risk patients continue to be referred, however, and are encouraged to deliver in hospital.

Infants are followed regularly and emphasis is placed on breast feeding, immunization, general nutrition, safety and normal development. This health supervision and parent teaching continues through the preschool years to school entry. Children at risk receive closer supervision. Chronic otitis media and upper respiratory infections continue to be fairly common in the pre-school group.

Health and development assessment is offered to all children entering school so any problems can be identified and followed up. The school health program also includes teacher/nurse conferences, with the nurse acting as a resource person, maintenance of immunization and screening for hearing and vision problems, as needed.

Increased publicity has raised community awareness about child and sexual abuse. There is also more interest in family life and personal life style education.

Accidents involving all-terrain vehicles and skidoos and the sniffing of an increasing variety of substances in the school age group continue to be of concern.

Services to the adult population include various screening programs according to population needs, immunization, personal lifestyle and health counselling. Increasingly, concern is being expressed by communities with regard to lifestyle, family and mental health problems and the availability and use of illegal drugs with the attendant consequences.

Some success is being achieved in commmunities which have identified lay counsellors to whom individuals can go or be referred. There are mental health workers developing outreach programs for individual and/or group counselling. In the absence of such community resources, nurses have to deal with the resulting acute problems, accidents, violence, suicides and social repercussions. Time spent in these areas can detract from that available for other programs. There is a need for more community initiated programs which are responsive to clientele requirements. Communities are encouraged to develop health committees to promote community awareness and participation in community health matters. St. John Ambulance courses are provided to communities upon request.

There is a growing awareness of the needs of senior citizens and a lack of community support services in this area. Nursing services to this group are based on individual needs.

More individuals with chronic diseases and disabilities are returning to the communities. Nursing services are directed to client and family support, counselling, education and teaching, and referral to other appropriate treatment services when the needs are beyond the services available in the local community.

Deaths from lung cancer and chronic lung disease have raised concern in some communities. The N.W.T. has the highest smoking rate in

Canada, with an exceptionally high rate among even the very young. These causes of death can be expected to continue until there is a significant decrease in the smoking habits of the population for an extended period of years.

Field units participated in the first part of a Northwest Territories survey of the needs of the chronically ill and handicapped, in the National Survey on Deafness and in a hearing impairment survey in the Keewatin.

A mass Hepatitis B vaccination program was initiated in the Baffin Zone and continued throughout the year for those at risk. The program is to be completed in 1986. Other areas at risk will be offered a similar program.

As the population becomes more mobile and transient, especially in the larger communities, tracing the contacts of communicable disease becomes more difficult and time consuming for nurses.

There has been an ongoing participation by the community nurses in the year long Polychlorinated Biphenyl (PCB) study in one of the Baffin communities.

Health education, including nutrition, is a continuing activity of all community health nursing programs. Community radio and other available media are used as teaching tools in this area.

Treatment services continue to demand most of the nurses' time. The services are mainly used by the young and the elderly; however, treatment for preventable conditions caused by accidents, trauma and violence, often associated with alcohol abuse, does not show any sign of diminishing.

Administrative activities associated with treatment, physician services, evacuations and the increasing number of visits from a variety of individuals and agencies adds to the workload.

The 1985 construction and renovation of facilities produced unusually heavy activities related to ordering, receiving and moving of equipment and supplies. Lack of relief and staffing delays for other administrative and support positions increases the range and frequency of non-nursing activities required of nurses.

Recruitment and staffing of nursing positions continued as a major activity. Fewer nurses with midwifery training and public health experience have been available for community health positions. There is a limited number of experienced, appropriately qualified community health nurses available and willing to work in isolated communities distant from their family, friends and culture. The problem is less severe for hospital nursing staff.

Other nursing activities have included disaster planning in the Keewatin and Mackenzie Zones; a review of the program content and priorities of community health nursing programs in Baffin Zone; and active participation on various committees and in the production of protocol and guidelines related to legal matters, Spousal Assault, Baffin Zone Transfer and the Maternal, Perinatal and Infant Committee.

REPORTED IMMUNIZATION STATUS - 1985

REGION - ALL ETHNICITIES

*POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 *1,330	D.P.T.	83.16	12.41
	Polio	82.93	12.48
	Measles	40.00	-
	B.C.G.	50.60	-
PRESCHOOL 1-4 *5,099	D.P.T.	87.65	8.90
	Polio	87.21	8.36
	Measles	90.41	-
	Mumps	90.16	-
	Rubella	90.00	-
	B.C.G.	62.17	-
SCHOOL-AGE 5-19 *14,822	Diphtheria/Tetanus	93.69	4.26
	Polio	93.69	3.85
	Measles	74.05	-
	Mumps	66.27	-
	Rubella - Females 10 years + over	21.49	-
	Rubella - All others in age group	60.86	-
	B.C.G.	70.70	-
	Smallpox	3.51	-

* Population figures are based on statistics received from the nursing stations.

REPORTED IMMUNIZATION STATUS - 1985

INDIAN

*POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 *196	D.P.T.	63.27	22.96
	Polio	63.27	19.39
	Measles	40.31	-
	B.C.G.	77.04	-
PRESCHOOL 1-4 *861	D.P.T.	80.14	14.17
	Polio	80.02	13.82
	Measles	85.02	-
	Mumps	84.55	-
	Rubella	84.32	-
	B.C.G.	84.44	-
SCHOOL-AGE 5-19 *2,534	Diphtheria/Tetanus	89.07	5.76
	Polio	89.34	3.43
	Measles	83.70	-
	Mumps	76.52	-
	Rubella - Females 10 years + over	23.72	-
	Rubella - All others in age group	57.22	-
	B.C.G.	84.29	-
	Smallpox	3.51	-

* Population figures are based on statistics received from the nursing stations.

REPORTED IMMUNIZATION STATUS - 1985

INUIT

*POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 *595	D.P.T.	79.80	15.97
	Polio	79.33	17.65
	Measles	44.03	-
	B.C.G.	80.34	-
PRESCHOOL 1-4 *2,224	D.P.T.	89.70	6.48
	Polio	89.79	5.85
	Measles	90.20	-
	Mumps	90.42	-
	Rubella	90.47	-
	B.C.G.	91.73	-
SCHOOL-AGE 5-19 *6,874	Diphtheria/Tetanus	95.03	3.52
	Polio	95.08	3.46
	Measles	79.56	-
	Mumps	71.86	-
	Rubella - Female 10 years + over	21.65	-
	Rubella - All Others in age groups	60.00	-
	B.C.G.	91.72	-
	Smallpox	3.84	-

* Population figures are based on statistics received from the nursing stations.

REPORTED IMMUNIZATION STATUS - 1985

OTHER

*POPULATION	IMMUNIZATION AGENTS	% FULLY IMMUNIZED	% PARTIALLY IMMUNIZED
INFANT 0-1 *539	D.P.T.	94.44	4.64
	Polio	94.06	4.27
	Measles	35.44	-
	B.C.G.	8.16	-
PRESCHOOL 1-4 *2,014	D.P.T.	88.58	9.34
	Polio	87.44	8.79
	Measles	92.95	-
	Mumps	92.26	-
	Rubella	91.91	-
	B.C.G.	20.01	-
SCHOOL-AGE 5-19 *5,414	Diphtheria/Tetanus	94.15	4.51
	Polio	93.94	4.54
	Measles	79.15	-
	Mumps	54.36	-
	Rubella - Female 10 years + over	20.26	-
	Rubella - All others in age group	63.65	-
	B.C.G.	37.64	-
	Smallpox		-

* Population figures are based on statistics received from the nursing stations.

COORDINATED HOME CARE

Coordinated Home Care is a hospital based program of coordinated medical, social and home support services. It encourages and assists individuals, especially elderly and disabled persons, to maintain personal and independent lifestyles in home environments for as long as possible.

Services provided through the prograr are dependent upon the needs of the community and can include professional services such as physician services, nursing, physiotherapy, homemaker services, meals-on-wheels, equipment loan and such neighbour services as handyman, transportation, errand running and friendly visiting.

All residents of the Northwest Territories are covered by the program. However, priority is given to the elderly, the chronically ill and the disabled. Recipients must demonstrate a need for at least one professional/home support service based on a clinical, functional and social assessment performed by the Home Care Coordinator.

The program is jointly funded by the Territorial Hospital Insurance Services of the Department of Health and the Department of Social Services.

There are no user fees charged to the recipients of Coordinated Home Care for nursing and medical entry services. A user fee may be charged by Social Services based on a sliding scale dependent on income. A nominal fee is charged for meals-on-wheels.

EXTENDED MEDICAL BENEFITS

Extended Medical Benefits are intended to assist Northwest Territories residents with costs related to the investigation, treatment, maintenance and/or rehabilitation of certain long term chronic disease conditions. These conditions are cancer, cleft lip/palate, congenital anomalies and chronic disease of the urinary system, cystic fibrosis, diabetes mellitus, spina bifida, tuberculosis and chronic psychosis. In 1985 coverage was expanded to include cerebral palsy, cytomegalovirus, diabetes insipidus, multiple sclerosis and asthma up to 19 years of age.

The benefits provided are beyond the scope of Medicare/T.H.I.S. They include air and ground transportation, stipends for meals and accommodation costs, medical-surgical appliances, supplies and prosthetics, escort services, medical, institutional and other health services which are not covered by the Northwest Territories Health Care Plan, or through other means.

EXTENDED CARE/CHRONIC CARE AND NURSING HOME CARE

Extended/Chronic Care and Nursing Home Care services, implemented in April 1983, are administered by the Department of Health, Government of the Northwest Territories, and are provided in approved hospitals in the Northwest Territories. The services are partially insured benefits under the Territorial Hospital Insurance Services Ordinance. If Extended/Chronic Care or Nursing Home clients cannot be accommodated in a Northwest Territories facility, the T.H.I.S. Board may make arrangements with a provincial institution to accommodate these patients, and may subsidize the costs in a manner equivalent to care provided in the Northwest Territories.

Extended/Chronic Care is defined as the level of care required by clients who require regular and continuous medical attention, highly skilled technical nursing supervision on a 24-hour basis, and special techniques for improvement and/or maintenance of function. Approved diagnostic facilities must be readily available.

Nursing Home Care is defined in general as the level of care required by clients who have advanced physical and/or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future (barring an accident or additional disease).

PHARMACARE

The Pharmacare Program for senior citizens was introduced by the Government of the Northwest Territories on July 1, 1979. It was established to provide prescription drug coverage for pharmaceutical products from an approved list, "The N.W.T. Pharmacare Formulary", to residents who were sixty-five years of age or more, and to residents who were diagnosed as having certain long term debilitating disease conditions.

On April 1, 1980, on behalf of Medical Services, Health and Welfare Canada, Pharmacare was expanded to include the administration of prescription drug coverage for Formulary drugs for status Indian/Inuit persons. Medical Services funds the cost for this portion of the Pharmacare Program, and establishes the terms and conditions under which it operates.

During the same year, the Department of Health also undertook administrative responsibility on behalf of Social Services for the payment of formulary drugs for indigent non-Indian/non-Inuit residents. Social Services funds these costs and establishes the terms and conditions of the indigent portion of Pharmacare.

An integral part of Pharmacare is the N.W.T. Pharmacare Formulary. The Formulary is a listing of approximately 2,000 therapeutically effective drugs that have been approved as benefits under the program. It was compiled, and is subject to ongoing review, by the N.W.T. Pharmacare Formulary Advisory Committee whose members, appointed by the Department of Health, represent the medicine and pharmacy professions. Use of the Formulary ensures that drugs provided to beneficiaries under the Pharmacare Program meet recognized standards of proven quality.

TOBACCO PROGRAM

The Department of Health has received Executive approval to extend the term of its Health Promotion Officer (Tobacco) from six months, to three years. The intention of the Tobacco Program has been to realize a downward trend in tobacco consumption by N.W.T. adults and youth, and the prevention of tobacco use by children.

The Department of Health has been collaborating with the Federal/Provincial governments and major health organizations such as the Canadian Cancer Society, Heart Foundation and many others in a national program entitled "Break Free". This program is a national initiative to create a lifestyle among Canadian youth, where the milieu of not using tobacco is the norm.

The Tobacco Program has also been addressing "Smoking in the Workplace" as a major health issue. The Department of Health will assist the Government of the Northwest Territories to establish smoking guidelines for all departments during 1986. Resource material has been produced on chewing tobacco and snuff, the first of its kind in Canada.

The Tobacco Program requires a long lead-in time to raise the awareness of people to the point where they will act. The first year has achieved notable success in raising awareness. The next two years will continue to raise awareness but with more focus on action.

N.W.T. SCHOOL HEALTH PROGRAM

The high rate of injuries due to accidents and violence, suicides, sexually transmitted diseases, teenage pregnancies, infant mortality, alcohol and drug abuse, and other health problems related to lifestyle choices led to the introduction of the School Health Program in 1983. The goal of this program is to develop a complete health education curriculum for all schools in the Northwest Territories, from kindergarten through grade 12.

The program is being developed in three major stages. The first stage focused on the health needs and priorities of residents of the N.W.T. and took two approaches. One approach consisted of a qualitative study which included questionnaires and interviews aimed at determining the perceived needs of students, parents, teachers, school administrators and local education authorities. In all, some three thousand responses were collected in the qualitative assessment. The second approach consisted of a quantitative analysis of health care data. Prevalence of illnesses for various age groups was determined by the frequency of visitations to health professionals. Once the health needs and priorities were established, educational goals and objectives were formulated to address them.

The second stage of the School Health Program consists of the development of learning materials and the pilot testing of these materials in selected classrooms. Revision and implementation constitute the third and final stage of the program. At the end of the 1985-86 school year two strands of the curriculum, "Alcohol and Other Drugs" and "Mental and Emotional Well-Being", had been developed, pilot tested and implemented. The remaining strands of the curriculum, "Growth and Development", "Nutrition",

"Family Life", "Safety and First Aid" and "Dental Health" were developed and ready for pilot testing. They will be revised and implemented during the 1986-87 school year.

The School Health Program is funded by Health and Welfare Canada, Health Promotion Directorate. The program staff are guided by an advisory committee composed of a cross section of N.W.T. residents representing communities, interest groups and professionals in the fields of health and education. The program also has an official evaluator, a professor of health education from the University of Manitoba, as an additional source of quality control.

MEDICAL TRANSPORTATION PROGRAM

In the Northwest Territories people must often travel long distances at considerable cost in order to receive necessary health services. Medical transportation benefits are available to N.W.T. residents so that these costs will not prevent them from getting the care they need. Medical transportation benefits are provided through either Government or employer-sponsored programs. The Government programs are limited to people who do not have access to similar benefits from any other source, such as an employer. There are two Government programs:

1. Federal Government

   Health and Welfare Canada pays all the costs of medical transportation for Registered Indians and also for Inuit residents on the outgoing portion of their journey. Travel costs are also paid for medical and

non-medical escorts.

2. Government of the Northwest Territories

The Department of Health, through its Medical Transportation Program, provides benefits to the following groups:

a) Non-Native Residents of the N.W.T. - airfare costs for patients (and ambulance costs in certain circumstances); all transportation costs for medical and non-medical escorts.

b) Indigent Non-Native Residents - all transportation costs for patients and their escorts.

c) Returning Inuit - all transportation costs for patients and their escorts on the homeward portion of their journey.

In addition, people suffering from debilitating chronic diseases are eligible for comprehensive medical travel benefits under the Extended Medical Benefits program.

The Department of Social Services pays medical transportation costs for persons on compassionate travel (travel requested by a physician to enable a family member to visit a hospitalized patient in critical condition - the person travelling must be in financial need to qualify for benefits).

Administration

Government of the Northwest Territories medical travel warrants are used to authorize all medical travel in emergencies for non-residents and persons eligible for benefits through their employment. The Department of Health pays for airlines and then recovers the airfare costs from the appropriate responsible parties. Other costs (eg. taxi, ambulance,

accomodation) are paid directly by the responsible parties in most cases.

Medical Transportation Data

The accompanying table shows the number of G.N.W.T. medical travel warrants issued in 1985 under the government programs described above. On average, more than one patient is authorized to travel per warrant.

Boarding Home Services

Boarding home services are an important component of medical transportation services for N.W.T. residents. Three boarding home facilities are available to serve N.W.T. residents. The Winnipeg Boarding Home, operated by the Department of Health, serves Keewatin Region residents travelling to Winnipeg for health care. The Churchill Transient Centre serves Keewatin Region residents who travel to Churchill for health services. The Montreal Boarding Home, owned by the Government of the Northwest Territories and operated by the Baffin Regional Hospital, opened in December, 1985 to serve Baffin Region residents.

AMMENDMENT TO 1984 ANNUAL REPORT ON HEALTH CONDITIONS IN THE NORTHWEST TERRITORIES: Page 76, Paragraph I (one) should read:
Medical transportation benefits are available to N.W.T. residents so that these costs will not prevent them from getting the care they need. Medical transportation benefits are provided through either Government or employer-sponsored programs.

GOVERNMENT MEDICAL TRANSPORTATION PROGRAMS

NUMBER AND COST OF WARRANTS 1985 *

	NUMBER OF WARRANTS	TOTAL COST OF WARRANTS
1. GOVERNMENT OF THE N.W.T.		
a) Non-Native Residents	1,412	740,617
b) Indigent Non-Native Residents	224	68,313
c) Returning Inuit Residents	4,490	1,508,832
d) Extended Medical Benefits	293	123,401
e) Compassionate Travel	53	26,703
TOTALS	6,472	2,467,866
2. HEALTH AND WELFARE CANADA		
a) Status Indian and Inuit Residents	10,936	6,248,620
GRAND TOTALS	17,408	8,716,486

* Figures obtained using payment dates in 1985.

AMBULANCE SERVICES IN THE N.W.T.

In April of 1984, the Honourable Bruce McLaughlin, Minister of Health, Government of the Northwest Territories, appointed the Air and Ground Ambulance Policy Advisory Committee, with representatives from the Government of the N.W.T. (Departments of Health and local Government), Health and Welfare Canada, the St. John Ambulance, the R.C.M.P. and the N.W.T. Association of Municipalities. The committee was instructed to examine current ambulance services in the N.W.T. and to provide advice to the Minister regarding the development of legislation, regulations and other aspects of policy pertaining to air and ground ambulance services.

In October of 1985 the committee presented their final report to the Minister summarizing their findings and recommendations. The Minister tabled the preliminary report for the Legislative Assembly in October.

The Executive Council has given approval for the development of an action plan for ambulance services using the report of the Advisory Committee as a guide.

HEALTH TRAINING BURSARY PROGRAM

The Health Training Bursary Program pays tuition and/or expenses to assist persons interested in furthering or obtaining a career in health care for which there is a need in the Northwest Territories. It is open to all who are interested.

The Health Training Bursary Program began in 1956. It was patterned on the Professional Training Program under National Health grants

whereby nurses in any province could apply for financial assistance for educational purposes by making an employment commitment with the specific province. At the same time, Indian and Northern Health Services established an education leave policy based on the same terms of reference.

The program is administered by the Department of Health, Government of the Northwest Territories.

PHYSICIAN RECRUITMENT PROGRAM

At the request of Medical Services Branch, Health & Welfare Canada, the Department of Health, Government of the Northwest Territories, assumed responsibility in 1982 for recruiting and staffing physicians in several remote communities of the N.W.T. where Health and Welfare Canada had already established federal hospitals and nursing stations.

Since that time the Baffin Regional Hospital has come under the authority of the G.N.W.T., and with that change, the hospital assumed direct responsibility for its recruitment. The same situation occurred in Fort Smith where a stable physician team has been in place this past year.

The Physician Recruitment Program within the Programs and Standards Division of the Department of Health carries responsibility for recruitment of seven physicians in Inuvik and solo physicians in Rae/Edzo, Cambridge Bay and Fort Simpson. The physicians in these communities do monthly visits to the outlying settlements, conduct medical clinics and make appropriate referrals.

The recruitment staff work closely with other government and private physician incentive programs to seek physicians with experience and a

keen interest in working in the North. Both full-time and replacement physicians are recruited.

The recruitment coordinator has developed a benefits package for one-year renewable appointments. These are salaried positions with leave provisions and other benefits designed to be competitive with other programs across the country. Discussions with interested physicians often focus on the advantages of the northern medical experience. They include discussion of the practicalities of life in the north, especially in these days when the needs of the spouses and children of physicians are as significant in a relocation decision as the practice opportunity for the physician.

THE DR. OTTO SCHAEFER HEALTH RESOURCE CENTRE

The Dr. Otto Schaefer Health Resource Centre, established six years ago, is the combination of health resource materials from the Northwest Territories Region of Medical Services and the Northwest Territories Department of Health. The centre has resulted in a comprehensive program to meet the health education needs of health and allied professionals, school teachers, voluntary agencies, as well as the general public of the Northwest Territories.

The Health Resource Centre includes, along with Dr. Schaefer's publications:

4,500 medical, nursing and social sciences library books,

4,000 government documents,

750 pamphlet titles,

500 films, 350 filmstrips

Cassettes, slide tapes and a wide selection of posters.

The major users include nursing stations, health centres, hospitals and schools in the Northwest Territories. Voluntary agencies and the general public are also encouraged to use the Health Resource Centre, which is the only one of its kind in the Northwest Territories. Located in Yellowknife, the Centre distributes around 5,000 pamphlets and posters per month and loans films and videos on a regular basis.

In spite of some growth problems, the centre will shortly be increasing its staff to include a librarian, technician and clerk.

NUTRITION PROGRAM

During 1985 Nutrition Programs were coordinated in the Northwest Territories by one staff member, the Regional Nutritionist, located at the Regional office in Yellowknife. The Inuvik General Hospital also has a dietitian on staff.

The main activities in 1985 have been two nutrition education campaigns; working towards Nutrition Guidelines for the Northwest Territories - Phase II; interpretation of the data from the "National Data Base on Breastfeeding"; a weekly radio series on nutrition; a Nutrition survey in Broughton Island; and the coordination of four nutrition projects:

1. Day Care Food Service Manual
2. Weight Loss Resource Manual
3. Facts About Junk Food, a video
4. Prenatal Nutrition Publications

Other programs such as the "Vitamin Supplement Program" and nutrition consultation through the "Maternal and Child Health Care Program" continue to be delivered to the population by the field staff.

The Regional Nutritionist continued to co-chair the "Nutrition Liaison Committee of the N.W.T." which met four times in 1985. This committee provides a forum for exchanging views and developing new concepts on effective nutrition programming.

In terms of program delivery, the nurses and community health representatives have played an instrumental role in advancing the following nutrition education activities in the communities:

Nutrition Education Campaigns

In collaboration with the Canadian Dietetic Association and the Nutrition Liaison Committee of the N.W.T., Medical Services Branch coordinated the Nutrition Month '85 Campaign, "Food, Fitness & Youth". The campaign provided information on the following topics:

- Native Food Resources.
- Nutrition and Sports.
- Nutrition and Lifestyle.
- How to cut your sugar intake.
- How to lose weight.

Over 1,300 kits were sent throughout the N.W.T.

Evaluation

Evaluation reports were returned from over 50% of the N.W.T. communities. Most of the respondents (94%) thought that people had learned about nutrition during this campaign. All respondents (100%) thought that the Nutrition Month Campaign should be maintained in the N.W.T. In 1985 a N.W.T. Nutrition Month Poster Contest was held. It was a success, 366 entries were submitted.

World Food Day, October 6, 1985

In collaboration with the N.W.T. World Food Day association, over 450 Resource Kits were sent to health and education professionals throughout the Northwest Territories. The purpose of this campaign is to promote an awareness of the world food situation among the Canadian population.

Evaluation

The evaluation reports indicate that most (60%) of the people who received the resource kit participated in World Food Day. A bannock recipe contest was held. Children from all over the N.W.T. participated. A recipe book made from all the entries was prepared and distributed to all participants, schools and nursing stations.

Nutrition Guidelines for the Northwest Territories - Phase II

In collaboration with the Nutrition Liaison Committee of the N.W.T. and the Department of Health, Government of the Northwest Territories, Medical Services Branch is working towards establishing Nutrition Guidelines for the Northwest Territories.

Phase II of this project was completed in 1985. It identified some nutrition related conditions. This will enable nutrition workers to establish priorities in their programs.

Phase III is to be accomplished in 1986.

The National Data Base on Breast Feeding

A student in Dietetics was hired during the summer to interpret and summarize data obtained from the National Data Base on Breastfeeding. This was done to establish an efficient breast feeding promotion program.

Nutrition Radio Series

A weekly series on nutrition was held in 1985. This reached more than 33% of the N.W.T. population.

Broughton Island Nutrition Survey

A study of the eating habits and the possible effect of Poloychlorinated Binphenyls (PCB's) on the population of Broughton Island was initiated in 1985. Results are expected in 1986.

Coordination of Four (4) Nutrition Projects

The following projects were sponsored by the Yellowkn fe Friendship Centre, "Tree of Peace" and coordinated by the Regional Nutritionist.

1. Day Care Food Service Manual

   Concern was first expressed at the Nutrition Liaison Committee of the N.W.T. about the quality of food in day care centres :n the N.W.T.

A manual was designed to assist day care workers in providing healthy food in day care centres. This manual is to be evaluated in 1986.

2. Weight Loss Resource Manual

Nurses in the field have often expressed a need for a Weight Loss Resource Manual to conduct workshops. Such a manual was finished and distributed to all nursing stations and Adult Education Centres in 1985. It will be evaluated in 1986.

3. "Facts About Junk Food" Video

The high consumption of so called "Junk Food" is a concern for many health professionals. A video to inform the public about the effects of Junk Food on health was done in 1985. It will be evaluated in 1986.

4. Prenatal Nutrition Publications

Many requests for prenatal nutrition "handouts" have prompted Medical Services Branch to produce relevant prenatal "handouts" for the N.W.T. These were finished and distributed in 1985. They will be evaluated in 1986.

Other Nutrition Matters

Distribution of Nutrition Education Material

1. Relevant nutrition education for the N.W.T. is sent monthly to all health and education professionals.

Northern Nutrition Association

2. The Northern Nutrition Association is still active and meets monthly. The purpose of the Northern Nutrition Association is to provide a forum for nutrition professionals to meet and to promote nutrition among the residents of the N.W.T.

PUBLIC SERVICE HEALTH

In 1984 Treasury Board approved additional support for public service health programs across the country. This had the unfortunate effect of creating severe recruitment difficulties for Northwest Territories Region (N.W.T.). The approved level of staffing for the public service health function in the N.W.T. was not achieved until October 1985.

Until mid-1985 there was no organized public service health program in the region. The augmentation of resources, which in other regions would enhance an existing program would, in the Northwest Territories make it possible to initiate a program. The challenge of developing a program in the N.W.T. is more related to the unique geography and demography of the region rather than to the technical or professional demands of an occupational health service, although these are substantial:

a. the median community size in the Region is under 500, and only a minority of communities are directly or even reliably accessible from Yellowknife or from other centres which might provide regular specialized support services;

b. most technical and professional consultant services are not available across the Region;

c. there is a very large staff turnover - 100% or more in some communities; and

d. working conditions in the N.W.T. are stressful at a level and across a range of contributors unusual in southern regions.

The aims for the program are:

a. to review pre-employment, periodic and other medical examinations for employees and their dependents of all federal government departments operating in the Northwest Territories;

b. to ascertain the medical fitness of employees and their dependents for specific employment and for life under northern conditions;

c. to review medical examinations in relation to transfer of superannuation benefits or for retirement on medical grounds;

d. to conduct appropriate health promotion and disease prevention activities;

e. to support the continuing development of employee assistance services;

f. to conduct environmental assessments of federal workplaces and investigate complaints regarding unsafe or unhealthful work situations; and

g. to develop a data base to support program planning and service evaluation.

Substantially more information regarding the existing service has been assembled and reviewed from the medical examination reports of public servants destined for postings in the N.W.T. During the year, 724 medical examinations were reviewed. A total of 262 physicians from all provinces and both territories provided examination reports. Most examinations, however, were conducted by physicians practising within the N.W.T. (Figure 1). The distribution of referring departments and the result of assessments are set out in Tables I and II.

The subject of delay in processing medical examinations has been a concern. The subject was reviewed for all reports submitted to May 31 by determining the time elapsed between:

a. the reported date of examination and the date of receipt of the file - ascribed to delays in "transit";

b. the date of receipt by the appropriate Medical Services officer and the date when action was taken (usually definitive action but often to seek clarification or further information) - identified as "review" delays; and

c. the date of initial action and the date when definitive action was taken - "completion" time - usually the time required to obtain supplementary information.

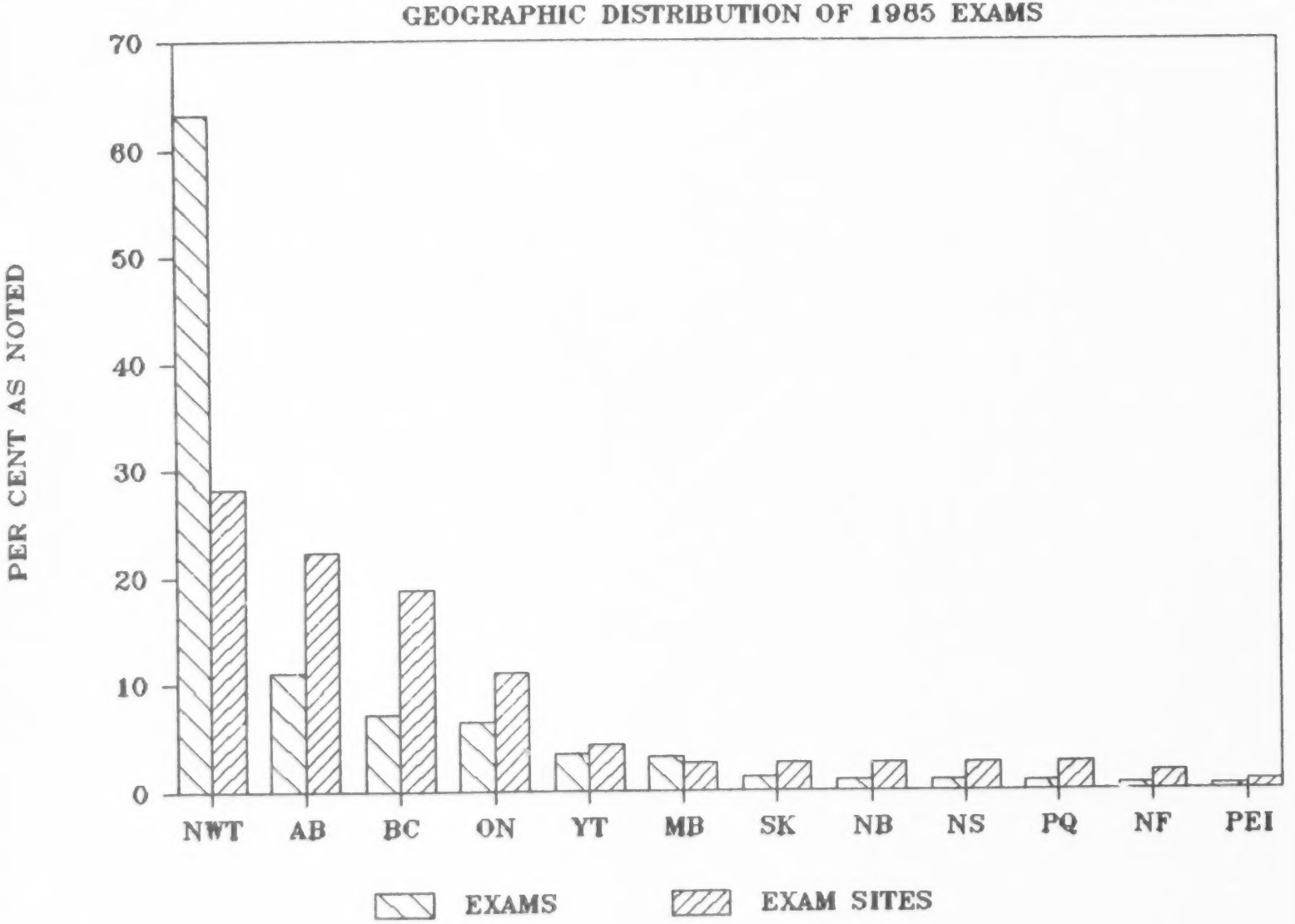
The results, based upon an assessment of all files processed during the period from January 1 to May 31, 1985 are set out in Figure 2. Note that "transit", the delay between examination and receipt of the report, is the major contributor. This source of delay and the associated interference with timely posting is potentially correctible and will be the subject of efforts during 1986.

Although limited environmental surveillance of the workplace has begun, a greater increase in client awareness of occupational health and occupational health services has been achieved. Additional sampling equipment has been purchased for use by all zones. This will improve the quality of investigations and environmental surveillance of workplaces, which will receive increased attention during 1986. Environmental Health Officers (EHO's) in the four zones are responsible for conducting walk-through inspections and for responding to complaints from their respective Zones.

The Public Service Health EHO at Regional Headquarters is responsible for providing advice to the zone EHO's, conducting investigations when required, and compiling data on all Federal workplaces in the NWT. All Federal worksites have been contacted as a preliminary to developing workplace profiles and to assess employee needs.

During the 1986-87 fiscal year, further data relating to workplace stressors and employee needs will be gathered during walk-through inspections. This data will supplement existing workplace profiles to aid in responding to, and ultimately for anticipation and prevention of occupational illnesses and injury.

NWT PUBLIC SERVICE HEALTH MEDICALS



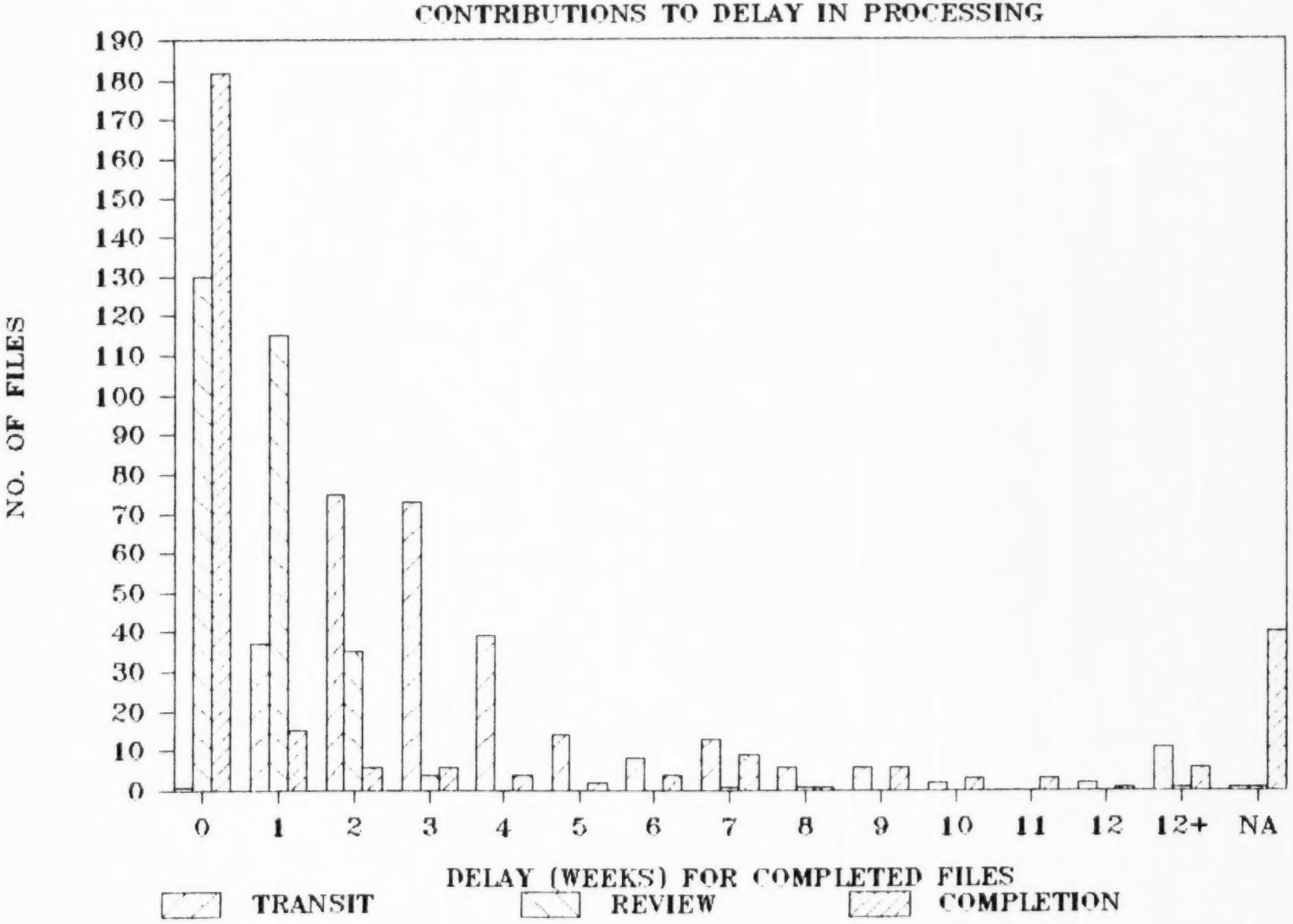
PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE HEALTH PROGRAM, BY AGENCY AND REASON FOR EXAMINATION
N.W.T. REGION

DEPARTMENT OR AGENCY	PRE-EMPLOYMENT EMPLOYEES	PRE-EMPLOYMENT DEPENDANTS	PERIODIC	ELECTIONS OR TRANSFER	SUPERANNUATION RETIREMENT, OTHER	TOTAL
Government of Canada						
Health & Welfare	257	58	1	2	2	320
Transport	97	20	62	1	2	182
Power Commission	26	31	-	-	1	58
Environment	13	-	5	-	9	27
Public Works	1	-	25	2	-	28
Canada Employment	2	2	-	2	-	6
Indian Affairs & Northern Develop.	6	5	-	3	-	14
Fisheries & Oceans	7	-	8	1	-	16
Other	1	-	-	2	-	3
Government of the N.W.T. & Crown Corps.	7	-	-	37	26	70
T O T A L	417	116	101	50	40	724

PHYSICAL EXAMINATIONS REVIEWED UNDER PUBLIC SERVICE HEALTH PROGRAM, BY AGENCY AND FITNESS CLASSIFICATION
N.W.T. REGION

DEPARTMENT OR AGENCY	CLASS A FIT	CLASS B FIT WITH LIMITATIONS	CLASS C UNFIT	CLASS D UNFIT TO PURCHASE PAST PENSIONABLE SERVICE	TOTAL
Government of Canada					
Health & Welfare	318	1	1	-	320
Transport	174	3	5	-	182
Power Commission	57	-	1	-	58
Environment	25	2	-	-	27
Public Works	28	-	-	-	28
Canada Employment	6	-	-	-	6
Indian Affairs & Northern Develop.	14	-	-	-	14
Fisheries & Oceans	16	-	-	-	16
Other	3	-	-	-	3
Government of the N.W.T. & Crown Corps.	63	1	6	-	70
T O T A L	704	7	13	-	724

1985 NWT PSH MEDICAL EXAMS TO MAY 31



ENVIRONMENTAL HEALTH AND SURVEILLANCE

The Environmental Health Program in the Northwest Territories is presently being carried out by a staff of ten Environmental Health Officers. The Health Officers are strategically placed throughout the region on the basis of geographical area and population density in each of the four Medical Services Zones. This has resulted in the following distribution; one Health Officer located in Regional office in Yellowknife, two in Baffin Zone, two in Inuvik Zone, one in Keewatin Zone and four in Mackenzie Zone (three located in Yellowknife and one in Hay River). There is an additional Environmental Health Officer position at Regional Headquarters which is dedicated to co-ordinating activities relating to the Public Service Health Environmental Surveillance Program.

During the past year, staff vacancies accounted for a slippage of half a person year, which resulted in 10.5 person years being utilized out of a possible 11.

In Mackenzie Zone, the Hay River position was vacant for the entire fiscal year. As a result, the EHO's located in Zone office attempted to provide the service from Yellowknife. In order to relieve some of the pressure created by this arrangement, an EHO was hired on a term basis to carry out surveillance activities in the central Arctic. The Senior Environmental Health Officer was seconded to Region due to the resignation of the Regional Environmental Health Officer. The Zone Environmental Health Officers shared the Acting Senior Environmental Health Officer position for six months. Mackenzie Zone also had its first Environmental Health Officer summer student.

In terms of the other three Zones, an adequate level of service was maintained in most of the northern communities. However, there were occasions where the frequency of visits to the communities fell below policy guidelines and continuity was not maintained because of the problems outlined above and financial shortages.

All restaurants, food retail outlets, hotels, motels, tourist lodges, craft shops, community and/or parish halls, schools, swimming pools, etc., are inspected on a routine basis to ensure compliance with all relevant public health regulations. Education is emphasized, rather than enforcement, however, legal action may be taken when noncompliance is continued without due cause.

A growing number of communities are being provided with technical assistance to help them develop or strengthen local involvement in environmental health implementation. Environmental health is a vital part of the preventive health program because it attacks the conditions that contribute to infectious diseases among the populations. Among these conditions are crowded, sub-standard housing, unsafe water supplies, the lack of safe disposal facilities for both liquid and solid wastes and control of food delivery service.

Health Officers work closely with relevant departments of the Territorial and Federal Governments, municipalities and the private sector to effect resolution of environmental health related problems.

The Water Monitoring Program in the N.W.T. is tailored to the 1978 Canadian Drinking Water Guidelines. In the past, transportation and shipping difficulties created problems in achieving the sampling frequency recommended for bacteriological analysis. In an effort to combat this situation, each

Zone has been equipped with portable millipore testing equipment. This has resulted in an improvement in the water monitoring program achieving set targets, but has created a problem of time usage.

In addition to the bacteriological monitoring, all communities in the N.W.T. have had each of their drinking water sources tested for chemical parameters over the past two years.

A major emphasis during the past year has been extensive participation on the Technical Advisory Committee of the N.W.T. Waterboard dealing with municipal and industrial water licenses.

Mega Project development is continuing to impact upon the Environmental Health Program. This is evidenced in the large transient population, the growing number of industrial camps, continued exploration activity and the development of natural resources throughout the North. Adequate levels of service are provided to some of the industrial sites, i.e. Norman Wells, Tuktoyaktuk. However, there are other industrial sites such as Melville Island and Cullaton Lake Mine that do not receive inspection or monitoring services because of operational requirements, manpower, isolation and travel dollars.

One major drawback in the Environmental Health Program at the present time is the absence of regulations in some areas and the presence of antiquated regulations in other areas. In an effort to address this situation the N.W.T. Public Health Act is presently under review. The N.W.T. Swimming Pool Regulations were promulgated in May 1985.

In regard to the development of regulations to address these operations that are currently not subject to specific government standards, priority has been given to the development of regulations aimed at retailing

food. During the past two years, the draft N.W.T. Food Marketing Regulations have gone through several drafts. Although it is difficult to forecast when the regulations will be promulgated, it is expected that the final draft will be sent to the Minister of Health, G.N.W.T. for signing before the end of 1986.

The Country Food Exchange Guidelines in the N.W.T. are a very good reference document that outlines proper food handling practices to the participants in the N.W.T. Country Exchange Program. The Department of Economic Development and Tourism, Government of the Northwest Territories, in support of the Country Food program is trying to encourage inter-settlement trade through funding of slaughtering facilities in the communities. Interest has also been expressed in shipping Country Food to Southern markets. There is concern that most of the Country Food sold is not subject to inspection and control. This concern became readily apparent during the past few years when reports of Trichinosis and Brucellosis were confirmed in a variety of Arctic animals. In order to address these concerns and the present guidelines, a multi-disciplined committee is being established.

Incidents of food-borne illness caused by mishandling of food in the processing or retail phase have decreased substantially in the past decade in the Northwest Territories. When food-borne illnesses occur they are investigated by Health Officers and reports are sent to Federal Epidemiologists and to the Field Operations Directorate of the Health Protection Branch. Related incidents of food recall and food premises closures are coordinated by the Regional Environmental Health Officer, N.W.T. Region.

ENVIRONMENTAL CONTAMINANTS PROGRAM

Environmental contaminants in the Northwest Territories are the mutual concern of several Federal and Territorial Government departments. These include Health and Welfare Canada, Environment Canada, Indian and Northern Affairs Canada, Government of the Northwest Territories Department of Health, Renewable Resources and Public Services.

Most environmental contaminants result from industrial activity with a few occurring in nature. Some of the contaminants related to industry that cause concern to Northern residents are lead, cadmium, arsenic, oil and man made chemicals, to name a few. Mercury is a contaminant occurring in nature that causes concern.

Mercury is present in some of the rock of the Precambrian Shield. Particles of mercury are washed away by water and are then ingested by fish. From fish the mercury finds its way through the food chain to sea mammals and man. Natives whose diet consists largely of fish and sea mammals are obviously at considerable risk, and for their protection we have a mercury surveillance program. Under this program certain communities are identified as high risk areas, and in those communities hair and/or blood samples are collected periodically from heads of households and, if necessary, from members of their families. If or when high levels are encountered, physical examinations are arranged to look for evidence of mercury toxicity.

Conflicting reports on the abandoned mines at Rayrock and Port Radium have created some controversy over the last few years. The uranium tailings at the mine sites contain high levels of radium-226, lead 210 and some heavy metals. Concerns were raised that these contaminants were

waters and would effect lakes downstream and aquatic life. As well, the tailings were blowing across the land affecting the flora and fauna around the mine sites.

Oil and chemical spills are becoming more frequent due to the increased industrialization in the North, especially in the Mackenzie Valley and the Beaufort Sea. As a result, various Federal and Territorial government agencies have joined forces and formulated contingency plans for such events.

The 24 Hour Spill Report Line has been in existence for a few years and whenever there is a spill any person can call this Spill Report Line, activitating the contingency plan. Medical Services Branch, Health and Welfare Canada, is now one of the agencies on the notification list of such spills and in turn can respond if the spill affects the health of the populace, i.e. drinking water supply.

During the last year Polychlorinated Biphenyls (PCB's) were identified at some of the old Dew Line sites. These were removed during the summer months. Investigations are underway by various government agencies in identifying PCB material and equipment in specific locations and communities in the Northwest Territories.

EMERGENCY SERVICES

Emergency Planning has been active in both Disaster Planning and Disaster Response. All the regions within the N.W.T. are in the process of formulating and/or are having their regional disaster plan approved.

Mock disasters have taken place in a number of the communities with a major one in the Baffin Zone, known as exercise QULLIQ - NANOOK LARK 85.

Fort Simpson, Aklavik, Fort McPherson, Fort Good Hope and Hay River are now designated under the Canada - Northwest Territories Flood Damage Reduction Program. This year, however, the Hay River area experienced a flood with considerable property damage to Vale Island. Fortunately there was no loss of life.

The communities of Grise Fiord and Pangnirtung experienced severe wind storms in which roofs were torn off buildings and property damaged. The people of the community had to move into the school and communication to the outside world was lost for a period of time.

Medical Services Branch is presently doing an inventory of the various types of kits like Airport Disaster Boxes and Casualty Collection Units that are throughout the North. The purpose is to find out where they are located, their condition and what supplies need to be replaced or replenished.

Medical Services Branch personnel are continually attending the Emergency Response courses as they are being offered at the Civil Emergency Preparedness College in Arnprior.

DENTAL HEALTH PROGRAM

During 1985 dental services throughout the Northwest Territories Region were provided to the total population by using various combinations of arrangements which involved universities, government and private contractors functioning in conjunction with a variety of dental and para-dental auxiliaries. In all four zones clients obtained the complete spectrum of dental services including diagnostic, preventive, restorative, endodontic, periodontic, prosthetic, surgical and adjunctive oral procedures.

In the Inuvik and Mackenzie Zones access to acute care services was provided by private practitioners operating clinics within major centres, while government employed dental surgeons serviced the Keewatin and Baffin areas. In all four zones, delivery of services within the smaller communities was achieved through contractual arrangements which called for periodic treatment clinics on a fly-in-basis. Frequency of clinical visits was based on community size and client needs.

Additional acute care services as well as preventive and dental public health services were provided by dental therapists within several of the larger communities. Dental therapists are specially developed dental auxiliaries trained to operate solitary clinics, based within one settlement, but may also service one or two satellite communities. All therapists provide primary dental care, particularly to school-aged children, and are required to conduct a comprehensive dental preventive program within the communities they service. Therapists work from prescriptions of treatment provided for them by supervising dentists. For the most part in 1985, the staff dentists from the National School of Dental Therapy provided the majority of treatment prescriptions throughout the Region.

Throughout 1985 there were twenty (20) dental therapists operating clinics within the Northwest Territories for varying periods of time ranging from three (3) months to the full year. In total, all therapists provided services equivalent to 14.67 person years. This is the largest number of therapists ever employed within the Northwest Territories during a calendar year and is an indication that the target of between 25 - 30 therapists for the Northwest Territories is possibly achievable. The Northwest Territories Region has twenty person years allocated to dental therapist positions. Currently only seventeen (17) positions are permanently staffed and it is presently anticipated that this situation cannot improve until more therapists graduate from the National School of Dental Therapy in June, 1986.

As in previous years, the National School of Dental Therapy held prolonged undergraduate teaching clinics within the Region. During 1985, Baker Lake and Ft. Resolution were the communities chosen for the field clinics. Although the service component of these visits is not the primary objective of the school, these clinics provide some continuity of dental treatment within selected communities. Twice during the year staff from the National School provided supervisory visits to all therapists working throughout the zones. Beyond meeting treatment planning needs, these visits served to maintain quality control, provided input for program evaluation and functioned as the means for monitoring administration and treatment aspects of the dental therapy program.

As previously mentioned, treatment services beyond the scope and training of dental therapists were provided for through the utilization of dental contractors. Services within the Inuvik area, which first stabilized during 1984, congealed further during 1985 with the establishment of a third

dental contractor at Norman Wells. Contracting with this practitioner, in addition to renegotiating contracts previously established with Inuvik dental surgeons, provided services equivalent to 1.25 person years throughout the zone. In Mackenzie Zone, renewing similar arrangements provided services equivalent to 1.5 person years.

In Keewatin Zone, services continued to be provided through a contract with the University of Manitoba. Service levels equivalent to 1.33 person years were provided within seven communities and negotiations were concluded to incorporate Sanikiluaq under this contract during 1986. This arrangement will elevate service levels to 1.5 person years during future contract years.

The difficulties experienced in previous years regarding recruitment and retention of dental officers for the Baffin Zone abated somewhat during 1985. This situation resulted from the Baffin Regional Hospital Board being successful in staffing all four (4) dental positions for protracted periods of time. By utilizing locum practitioners, as an interim measure, a service level equivalent to 4.0 person years was achieved.

Figure I summarizes treatments provided by all dental therapists during 1985. Comparison of these figures with previous year statistics reflects that preventive services have continued to increase as restorative and surgical services decreased and periodontal services remained level. These observations are consistent with what was observed during the previous year amongst the school-aged population.

Figure II summarizes treatment provided by all dental surgeons during the calendar year and although some school-aged populations are included, the majority of the services indicated reflect treatment directed towards the adult population. The changes in treatment patterns identified

in the previous year within this age group were maintained during 1985. Diagnostic, preventive, periodontal and adjunctive services continued to climb while restorative and surgical services tended to decline. Prosthetic services also increased in terms of absolute number of procedures, however, the increase was primarily due to improved service levels within the Baffin area; the trend remained relatively flat.

Comparison of all statistics from previous years that have been adjusted to reflect a constant service level indicate that changing treatment trends first identified in 1984 intensified during 1985. Figure III (school-aged population) and Figure IV (adult population) clearly demonstrate that new treatment patterns have emerged. In the school-aged population there is a shift away from emergency treatment towards a preventive orientation. Periodontal and surgical trends are level while restorative and adjunctive trends indicate a decline. Preventive services, however, have clearly trended upwards within this age group.

In the adult population, diagnostic, periodontal, preventive and adjunctive trends are clearly on an upward curve; surgical trends show a decline; while, restorative and prosthetic trends are level or declining. Again, the treatment trend in the adult population, like the school-aged population, appears to be shifting away from an emergency orientation towards a rehabilitative concept. It is presently expected that this treatment pattern will become more firmly entrenched during 1986. Should this occur, current programs and service contracts should be re-evaluated, services re-priorized and thrusts re-directed to address changing client needs. It is presently anticipated that this is the most likely scenario for 1986 and beyond.

DENTAL THERAPIST

FIELD REPORT

1985

FIGURE I

SERVICE	INUVIK ZONE	MACKENZIE ZONE	KEEWATIN ZONE	BAFFIN ZONE	N.S.D.T. FIELD CLINIC	TOTAL # OF TREATMENTS
NUMBER OF APPOINTMENTS	3,459	5,070	3,903	3,357	3,780	19,569
Examinations	506	647	817	940	289	3,199
Radiographs	1,214	1,381	925	1,347	715	5,582
Prophylaxis	1,222	3,058	2,019	1,424	305	8,028
Pit and Fissure Sealants	1,093	1,412	1,960	678	468	5,611
Topical Fluoride Treatments	712	1,251	476	743	305	3,487
Amalgams - single surface	466	778	404	906	366	2,920
Amalgams - multiple surface	421	729	350	739	309	2,548
Resin Restorations	91	185	248	299	68	891
Primary Extractions	180	306	273	280	85	1,124
Permanent Extractions	151	380	494	773	161	1,959
Periodontal Procedures	174	292	235	264	139	1,104
Other Treatments	2,006	2,960	1,002	1,566	387	7,921

DENTAL OFFICER

FIELD REPORT

1985

FIGURE II

SERVICE	INUVIK ZONE	MACKENZIE ZONE	KEEWATIN ZONE	BAFFIN ZONE	OUT OF TERRITORIES	TOTAL # OF TREATMENTS
NUMBER OF APPOINTMENTS	4,865	9,131	3,148	7,714	325	25,183
Examinations	2,993	5,313	1,287	2,109	116	11,818
Radiographs	6,112	4,506	125	940	201	11,884
Prophylaxis	1,630	3,264	128	426	28	5,476
Pit and Fissure Sealants	277	1,425	0	0	26	1,728
Topical Fluoride Treatments	499	1,311	127	45	6	1,988
Amalgams - single surface	2,142	3,411	598	1,267	93	7,511
Amalgams - multiple surface	1,794	3,094	431	954	80	6,353
Resin Restorations	1,595	2,206	265	493	67	4,626
Primary Extractions	195	865	752	1,038	11	2,861
Permanent Extractions	1,108	2,578	1,108	1,989	179	6,962
Periodontal Procedures	3,039	1,864	76	273	23	5,275
Other Treatments	994	995	1,630	3,697	119	7,435
Dentures Complete	117	179	112	114	10	532
Dentures Partial	314	369	69	132	7	891
Dentures Rebased	143	81	87	38	6	355
Dentures Repaired	86	88	94	63	3	334

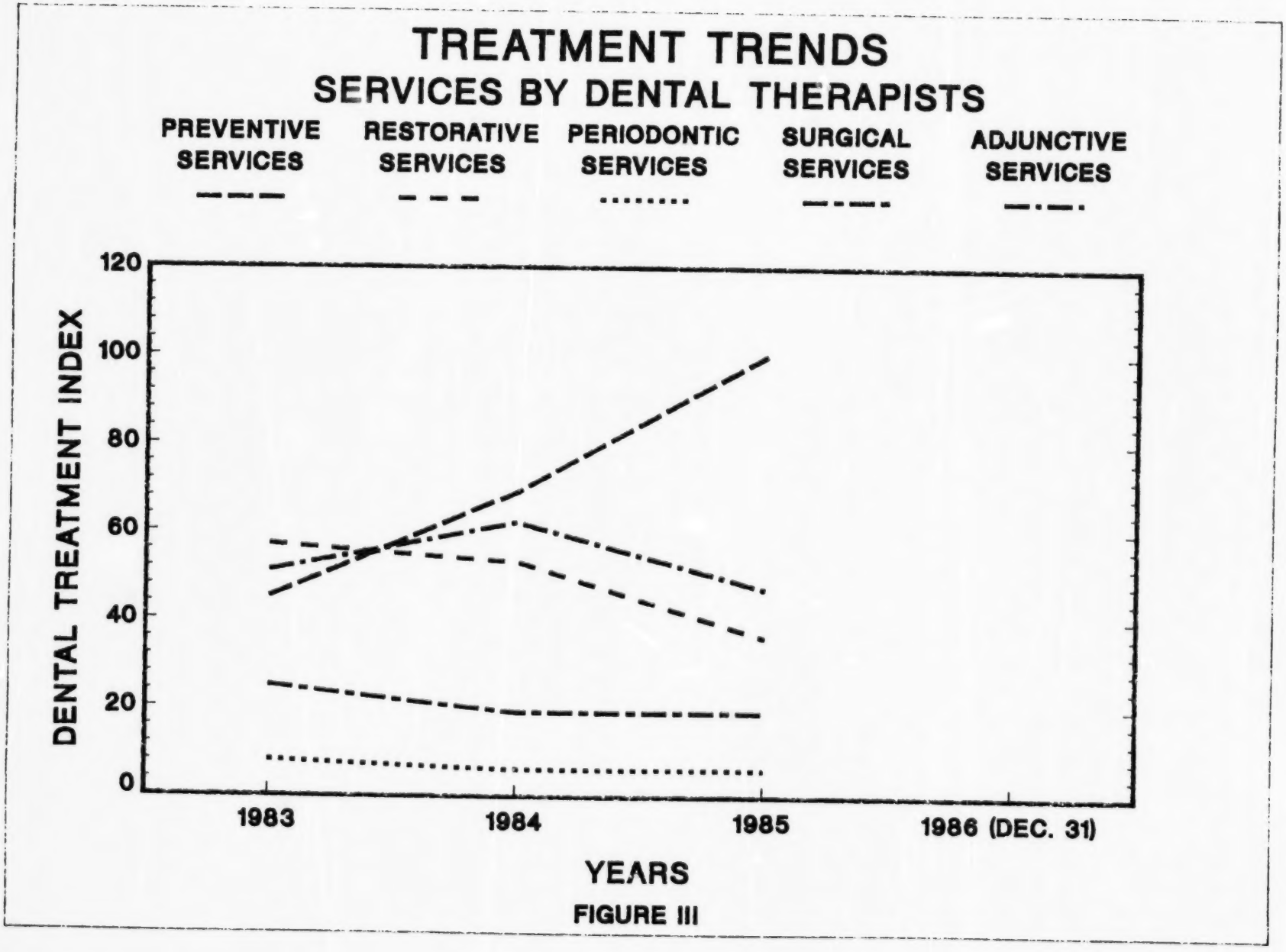

TREATMENT TRENDS
SERVICES BY DENTAL THERAPISTS
PREVENTIVE SERVICES
RESTORATIVE SERVICES
PERIODONTIC SERVICES
SURGICAL SERVICES
ADJUNCTIVE SERVICES
DENTAL TREATMENT INDEX
120
100
80
60
40
20
0
1983
1984
1985
1986 (DEC. 31)
YEARS

FIGURE III

TREATMENT TRENDS
SERVICES BY DENTAL SURGEONS

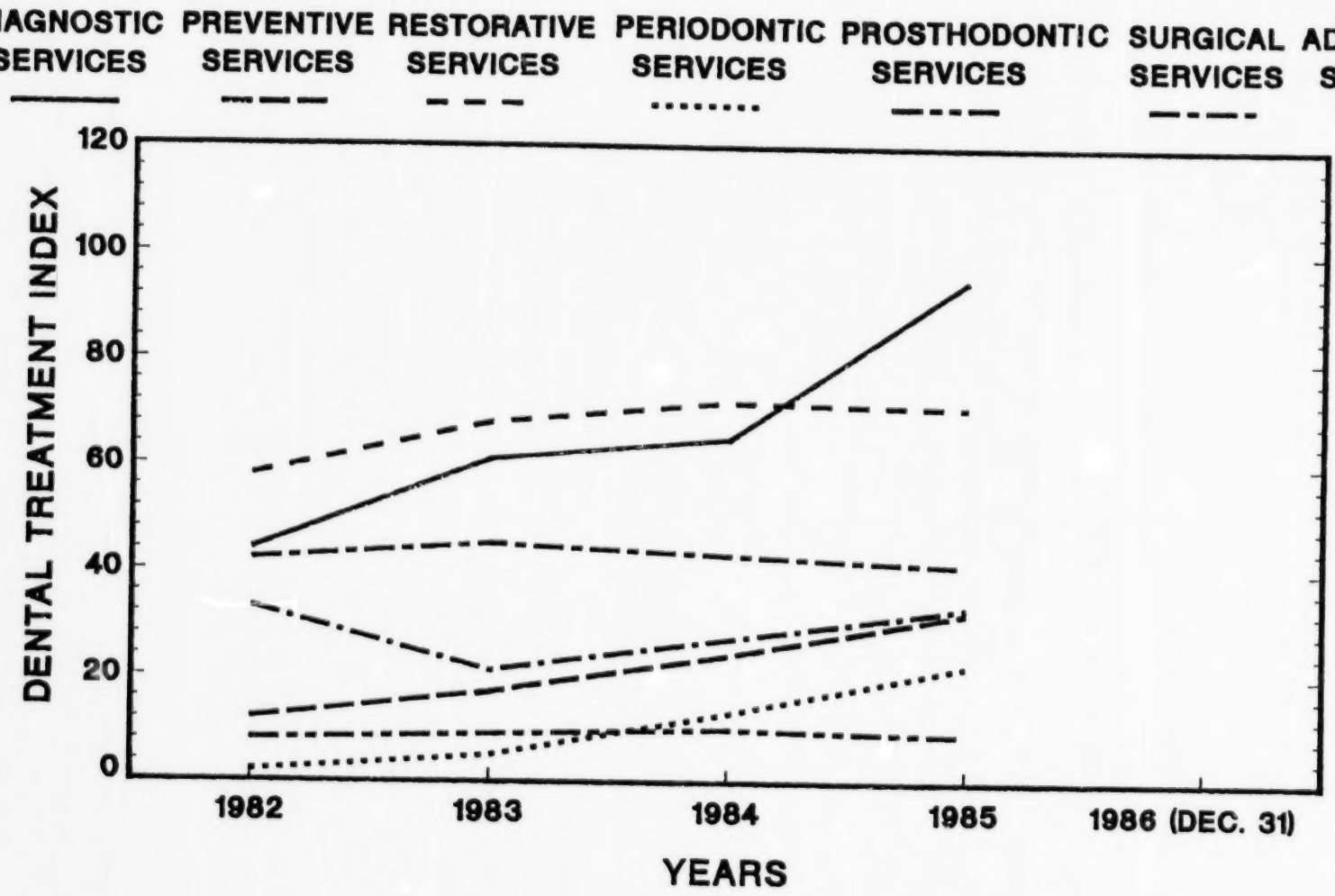


FIGURE IV

INFECTIOUS DISEASE CONTROL UNIT

General Information

The Tuberculosis Program was transferred from Edmonton to the Infectious Disease Control Unit in Yellowknife in April. Dr. Arsenian moved to Ottawa where he has continued to be the tuberculosis consultant in his role as the Consultant, TB and Communicable Diseases, Medical Services Branch. The Infectious Disease Control Officer has been coordinating the program.

A grant from Health and Welfare's National Health Research and Development Program has made possible a project "To Evaluate the Effectiveness of a Syndromic Approach to the Treatment of Sexually Transmitted Infections in Northern Communities". The principle investigators are from the University of British Columbia. A northern nurse has been hired as research assistant and will work closely with the people in the Infectious Disease Control Unit. The project officially commenced in October and will continue for two years.

Infectious Diseases - Notifiable

The number of reported cases of disease did not vary much from last year with the exception of pertussis, salmonellosis and shigellosis.

A pertussis outbreak occurred in Pangnirtung from September through to November in which fifty-three (53) cases of suspected pertussis were reported. Laboratory investigation resulted in confirmation of two (2) cases. Six (6) children were hospitalized. Forty-nine (49) of the fifty-three (53) people had been completely immunized. Two (2) were incomplete; two (2) were unknown.

An outbreak of salmonellosis also occurred in Pangnirtung through July, August and September. Fifteen (15) cases were reported and many more were suspected but not confirmed. There were several possible sources of the epidemic but none was actually incriminated.

Fifteen (15) cases of shigellosis were reported from Fort Good Hope, mostly from September through to December. A thorough investigation did not reveal a source.

Infectious Disease - Non-notifiable

Epidemics of varicella, streptococcal sore throats, scarlet fever and influenza-like illnesses were reported from across the north.

OTHER INFECTIOUS DISEASES

Other than Sexually Transmitted Disease

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Botulism (005.1)	1985	0	0	0	0	0
	1984	3	0	0	0	3
	1983	0	0	0	0	0
Brucellosis (023)	1985	1	1	0	3	5
	1984	0	0	1	3	4
	1983	0	0	1	2	3
Diphtheria (032)	1985	0	0	0	0	0
	1984	0	0	0	0	0
	1983	2	1	0	1	4
Giardiasis (007.1)	1985	5	6	4	6	21
	1984	7	12	2	14	35
	1983	17	15	4	7	43
Hepatitis (A) (070.1)	1985	0	3	0	0	3
	1984	1	1	0	0	2
	1983	0	1	0	1	2
Hepatitis (B) (070.3)	1985	3	5	0	0	8
	1984	0	4	0	1	5
	1983	1	8	0	3	12
Hepatitis, other viral	1985	0	0	0	0	0
	1984	1	0	0	1	2
	1983	0	0	0	0	0
Measles (005)	1985	2	8	8	6	24
	1984	3	24	0	8	35
	1983	3	6	1	18	28
Meningitis Haemophilus (320)	1985	0	2	2	5	9
	1984	0	3	1	5	9
	1983	0	1	7	3	11
Meningitis Pneumococcal (320.1)	1985	1	0	1	0	2
	1984	0	2	1	0	3
	1983	0	2	1	2	5
Meningitis Bacterial Unspecified 322.9	1985	0	1	1	4	6
	1984	1	6	0	3	10
	1983	0	3	0	8	11

OTHER INFECTIOUS DISEASES

Other than Sexually Transmitted Disease (cont'd)

DISEASE	YEAR	INUVIK	MACKENZIE	KEEWATIN	BAFFIN	TOTAL-NWT
Meningitis Viral (047)	1985	0	0	0	3	3
	1984	0	0	0	0	0
	1983	0	0	0	0	0
Meningococcal Meningitis (036)	1985	0	1	0	2	3
	1984	2	0	0	0	2
	1983	0	1	0	1	2
Mumps (072.9)	1985	1	2	0	3	6
	1984	3	3	7	0	13
	1983	0	5	4	1	10
Pertussis (033)	1985	0	0	0	54	54
	1984	0	0	1	0	1
	1983	1	0	0	0	1
Rubella (056)	1985	0	1	0	0	1
	1984	0	6	0	3	9
	1983	8	5	1	0	14
Salmonellosis (003)	1985	6	21	0	19	46
	1984	3	21	0	6	30
	1983	1	2	11	1	15
Shigellosis (004)	1985	17	10	1	0	28
	1984	2	17	0	0	19
	1983	1	6	0	1	9
Trichinoses (124)	1985	0	0	0	0	0
	1984	0	0	2	10	12
	1983	0	0	0	0	0
Tuberculosis	1985	2	6	0	1	9
	1984	3	14	2	1	20
	1983	7	11	3	11	32

SEXUALLY TRANSMITTED DISEASES

Syphilis and Other Sexually Transmitted Diseases, Except Gonorrhoea

There was one case of syphilis reported this year.

Male, 46 years old - late latent.

TOTAL 1985 - 1 case

Gonorrhoea

Gonorrhoea is reported as confirmed or unconfirmed using the following criteria:

(1) Confirmed - includes micro-positive and clinically accepted cases from isolated areas. Clinical will NOT be accepted if other pathogens are found or if such cases are from Yellowknife, Inuvik, Fort Smith or Frobisher Bay where clinical laboratories exist.

(2) Unconfirmed - includes all suspected Gonorrhoea cases treated and not included in (1) except for various reasons. Micro-positive and clinically accepted cases were reported to Statistics Canada. Unconfirmed cases were NOT reported to Statistics Canada.

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (CONFIRMED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60 +		Age??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	3	0	4	4	7	134	120	286	125	169	65	179	40	51	13	6	1	0	0

TOTAL 1,207

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (UNCONFIRMED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60+		Age ??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	0	0	2	1	12	32	107	85	116	72	51	60	45	19	11	3	0	0	0

TOTAL - 617

GONORRHOEA INCIDENCE BY SEX AND AGE GROUP (ALL CATEGORIES COMBINED)

0-1		1-4		5-9		10-14		15-19		20-24		25-29		30-39		40-59		60 +		Age??	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0	0	3	0	6	5	19	166	227	371	241	241	116	239	85	70	24	9	2	0	0

TOTAL - 1,824

N.W.T. GONORRHOEA RATES PER 100,000 POPULATION

	N.W.T. Population 1985 51,012	N.W.T. Population 1984 49,516
Confirmed: cases	1,207	1,401
rate	2,366/100,000	2,829 /100,000
Unconfirmed: cases	617	785
rate	1,209/100,000	1,585 /100,000
Combined: cases	1,824	2,186
rate	3,576/100,000	4,415/100,000

NATIONAL NATIVE ALCOHOL & DRUG ABUSE PROGRAM (NNADAP)

BACKGROUND

The abuse of alcohol, drugs and other chemicals is considered to be the single most serious health problem among Indian and Inuit people. It is a prime factor in most high levels of native mortality and morbidity, and is closely linked with community tensions and disintegration, as well as a sense of dependence among native peoples.

MANDATE

Responsibility for the funding and support of NNADAP was assigned to the Departments of National Health and Welfare and Indian Affairs and Northern Development on the basis of a Cabinet decision in March, 1982. The Department of National Health and Welfare has overall program responsibilities, including the development of NNADAP policies, and the administration and management of their program. For its part, the Department of Indian Affairs and Northern Development will provide collaboration and support through other socio-economic programs.

OBJECTIVE

The objective of the program is to support Indian and Inuit people and their communities in establishing and operating programs aimed at arresting and offsetting high levels of alcohol, drug and solvent abuse among their populations living on reserve/in communities.

It is intended that the kind, quality and accessibility of alcohol and drug abuse services for Indians and Inuit should compare favourably with those enjoyed by all Canadians and that the level of financial support for such services should be commensurate with the level of measurable need among

the Indian and Inuit population (as determined by reliable medical, social and other indicators of the incidence and effects of alcohol and drug abuse).

OPERATION

The program contributes the financial and/or human resources necessary to support community initiatives, through contribution agreements with appropriate community authorities and through technical assistance provided by program staff.

The program is based on community-controlled projects and programs responsible for the actual design and delivery of services. Support is provided through an integrated delivery system comprised of government departments and Indian and Inuit institutions or service organizations operating at all levels.

The program is composed of a number of interrelated program components intended to provide the following services:

Prevention

Consists of Community education, referral, counselling and advocacy programs operated by local Indian governments or by legitimate community authorities affiliated with Band Councils/Hamlet Councils.

Treatment

Consists of Non-medical in-patient residential services, halfway (safe) houses and community treatment (out-patient programs located in the community).

OPERATING PROGRAMS

All communities wishing to continue with a program (usually prevention) in their community as well as communities wanting to start a new program must apply for funding on an annual basis. No program is automatically funded from year to year. All funding takes place on a fiscal year basis - April 1st to March 31st.

During the 1985-86 fiscal year, twenty-nine (29) programs were funded through NNADAP. Twenty-eight (28) programs were prevention and one (1) was an out-patient Treatment Centre.

The following communities were funded to provide drug and alcohol programs in 1985-86:

Fort Good Hope	Spence Bay
Fort Norman	Baker Lake
Fort Franklin	Cape Dorset
Fort McPherson	Eskimo Point
Tuktoyaktuk	Lake Harbour
Cambridge Bay	Broughton Island
Coppermine	Pond Inlet
Fort Providence	Arctic Bay
Hay River	Rankin Inlet
Hay River Reserve	Igloolik
Snowdrift	Sanikiluaq
Tree of Peace - Yellowknife	Clyde River
Hall Beach	Tuvvik Out-Patient Centre - Frobisher Bay

There was a total of fifty-nine (59) employees working in these programs.

From a resolution made at the Annual Drug and Alcohol Conference in Churchill, Manitoba, a training coordinator was appointed from the government staff to coordinate all drug and alcohol program training for funded projects in the N.W.T. Both the Territorial Alcohol and Drug Program and the Federal Government program - NNADAP, placed dollars into the training fund to deliver consistent, standardized training to the funded projects during the year. A Training Committee was formed with representatives from the Government of the Northwest Territories Alcohol/Drug Coordinating Council and representatives

from Medical Services - NNADAP, to establish standards, approve training units and individual training requests from funded programs.

The NNADAP staff work with the funded programs to help communities develop project proposals, do program co-ordination, give administrative support, monitor project activity, evaluate projects, make operational assessments and liaise with the projects to help develop project counselling skills.

CIVIL AVIATION MEDICINE - WESTERN REGION

Civil Aviation Medicine is a division of Medical Services Branch responsible for providing aeromedical advice to Transport Canada regarding the licensing assessments of aircrew, the education of aircrew and approved medical examiners and assistance with the human factors aspect of aircraft accidents.

Western Region of Transport Canada includes all of Alberta, the N.W.T. north of Alberta, the Yukon and part of northeastern B.C. In this region all aircrew medicals are submitted to Edmonton. To date license assessment has been entirely a manual affair, and as a result, there are no statistics available regarding aircrew licenses held, specifically none for the N.W.T.

The Western Region office of Transport Canada participated in an aircraft accident investigation at Fort Simpson in January 1985, including inquest attendance in June.

A series of aeromedical presentations were made to groups of firefighters in the western N.W.T. in June 1985 in conjunction with the Transport Canada Regional Aviation Safety Officer.

Ministry of Transport designated aviation medical examiners in Whitehorse, Y.T. and Yellowknife, N.W.T. were visited by an Aviation Medical Officer in December 1985.